S0175-3-U-

THE ALABAMA DEPARTMENT OF PUBLIC HEALTH

1987 ◆ Annual Report

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On the Cover: ***Pictured with State Health Officer Dr. Earl Fox are some of the fortunate Alabama children who, thanks to good maternity care and access to health department services, did not become part of the grim picture of Alabama's high infant mortality rate, which in 1986 was cited as the highest of any state in the nation.***

The fight against infant mortality is one of several important health care issues the Alabama Department of Public Health addressed in 1987 and will continue to address in 1988 in its work to improve every Alabamian's health and this state's economic well-being.

State of Alabama
Department of Public Health

State Office Building
Montgomery, Alabama 36130-1701

Claude Earl Fox, M.D., M.P.H.
State Health Officer

The Honorable Guy Hunt
Governor of Alabama
Montgomery, Alabama 36130

Dear Governor Hunt:

The most powerful tool in health care cost containment is prevention. The Department of Public Health is working to lessen the cost of disease and injury by increasing awareness of Alabama's health problems and initiating programs that can help prevent the needless morbidity and mortality caused by inadequate health care.

I submit our department's 1987 annual report for your review with pride in the accomplishments of our dedicated staff. My sincere appreciation goes to all those in the health care profession and the public who have supported the Department of Public Health's efforts to help your administration create a more prosperous state through our improvements in the health care of Alabama's citizens.

Sincerely,

Claude Earl Fox, M.D., M.P.H.
State Health Officer

CEF/jc

Prevention The Core Of Health Care Cost Containment

The function of the Public Health Department has always been to provide leadership in preventive health care. Public health disease prevention programs have proven their worth in the past; in immunization and sanitation, for example, the use of prevention over a complaint-response system of health care has made a staggering difference in the saving of lives and money.

More than ever, public health must work to fulfill its responsibility of initiating, implementing, and improving preventive health care practices in Alabama, for now more than ever, the financial liabilities of not doing so are tremendous.

This century has seen a major shift in prevalence from acute to chronic diseases. With this shift has come a new focus on preventive care, since illnesses and injuries are much cheaper to prevent than to treat.

Significant improvements in Alabama's health status can be made by making a commitment to provide programs that prevent disease and injury and promote health. Failure to make such a commitment can only bring us to increased human suffering and crippling financial crisis that will be all the more tragic because this suffering and crisis is preventable.

Based on major health care issues, current and projected leading causes of morbidity and mortality in Alabama, and internal management data, the department formulates a yearly agenda of program priorities to strengthen public health, improve the quality of delivery of services, and control rising health care costs.

Below are some of the health care initiatives and funding proposals recommended by the department to the Legislature in 1987 and recommendations planned for 1988. More information on the needs, activities, and goals of programs concerning personal health services, environmental and health service standards services, information services, and administrative services is provided in the individual office activity reports that follow this section.

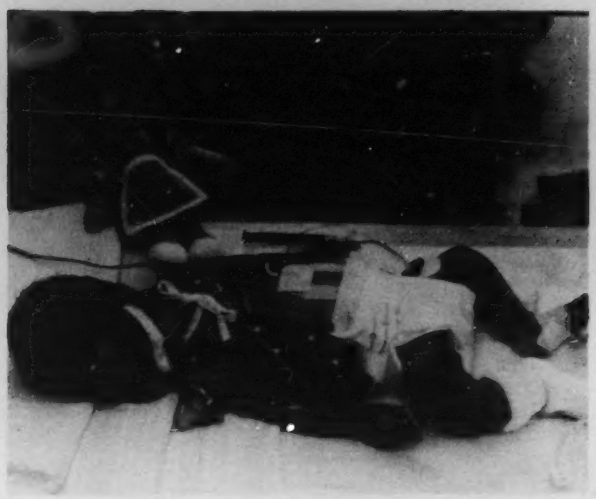
Expansion of Alabama's System of Maternal and Infant Health Care

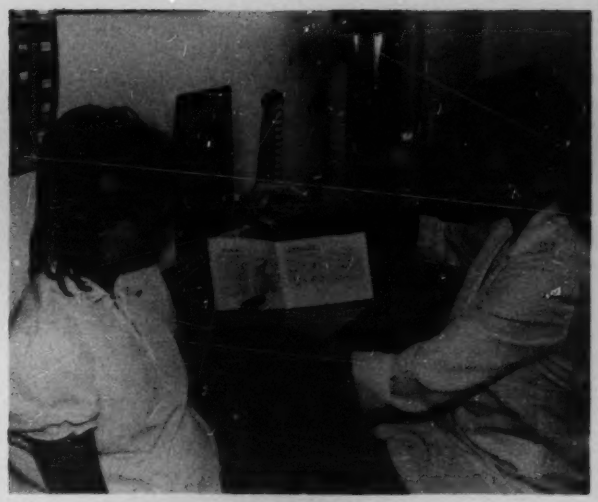
In 1987 the department was instrumental in raising the awareness of the public, professional groups, and state government concerning the critical need to reduce Alabama's unnecessarily high and costly rate of infant mortality. In 1986, the state had the highest infant mortality rate in the nation at 13.3 deaths per 1,000 live births. In some counties that year, the rate was as bad as that of many Third World countries.

The body of knowledge surrounding maternal and child health issues indicates that through a well-planned system of health care, Alabama's infant mortality rate can be significantly reduced with an accompanying decrease in human and economic losses.

Current Health Department services are grossly inadequate. Over two-thirds of all counties now have clinic waiting times of greater than 14 days for maternity, child health, and family planning patients and many in excess of 25 days. Clinics are seeing only a fraction of those poor mothers and children who need care. A November 1987 Health Department statewide survey revealed that only 3% of Health Department patients had private insurance with which to purchase health care. Even with Medicaid expansion, the county health department will remain a major provider of care for mothers and children.

In 1988 the department is reaffirming the need for increased funding to create a well-planned system of maternal and child health care that will increase the numbers of individuals served. Department initiatives to develop such a system include:





The rate of infant deaths is approximately five times greater for babies born to mothers who have not had at least four medical checkups during their pregnancy. In one-third of the counties in Alabama, no obstetrical care is available, and in many others, it is limited. Public health department services are critical for those who receive only limited care through private sources and those whose only practical access to health care on a regular basis is the county health department. At present the Health Department is not able to serve all such patients in need of maternal and child health services.

1. Expand health department services at the county level to provide obstetrical care, pediatric care, and family planning services to low-income patients. Requested additional annual funding: $4.4 million.

2. Strengthen the entire system of perinatal care services to ensure critical outreach education and medical transport. Follow-up services for newborns who have been in intensive care would also be funded through this resource. The system should provide case management services and subsidized purchase of care for non-Medicaid families at 100 to 150% of poverty level (assuming Medicaid expansion up to 100% under SOBRA). Requested additional annual funding: $2 million.

Screening of Newborns for Sickle Cell Disease and Other Abnormal Hemoglobins

One in 12 blacks in Alabama have sickle cell trait and one in 500 are afflicted with sickle cell anemia. Babies with sickle cell disease often die within their first two years of life from complications of bacterial pneumonia. If sickle cell disease is diagnosed at birth, prophylactic antibiotics and other treatments and therapies can be used to reduce the morbidity and mortality caused by the disease at this stage.

In 1987 Alabama became one of the first states to pass legislation to require the screening of all newborns for the approximately four hundred different hemoglobinopathies (abnormal hemoglobins), of which sickle cell disease is one.

No dollars were appropriated to implement this program; consequently, the department is operating the service with existing resources. A federal grant is being sought to defray the cost of funding the program. If this funding is not received, other existing programs will need to be reduced in order to carry out the legislature's mandate.

Pregnancy Termination Data Collection to Aid in Program Planning

This 1988 bill would authorize the Bureau of Vital Statistics to collect certain data as to pregnancy terminations. The data collected would not require the patient's name and would be used to monitor program effectiveness, target areas for program planning, and determine the pregnancy rate among the adolescent population.

Consumer Protection for Older Citizens' Health Care

In 1900, 3% of Alabama's population was 65 and older. In 1986, this segment of our state's citizens had expanded to 12.3%, or 504,872 people.

The rapid growth over the past twenty years in the home health agency, hospice and hearing aid industries has created a need for legislative regulation to provide the health care industry and the public with clear guidelines on patient/consumer health care protection for older citizens who represent the majority of consumers of these services.

Industry members themselves have requested licensure regulations that would be uniformly and consistently applied to all such service providers. In 1988 the department will recommend the development, establishment and enforcement of standards that will address the needs of these industries, including the following:

The licensing of home health care services would help assure quality care to the thousands of Alabamians in need of these services which allow them to be cared for at home instead of being institutionalized.

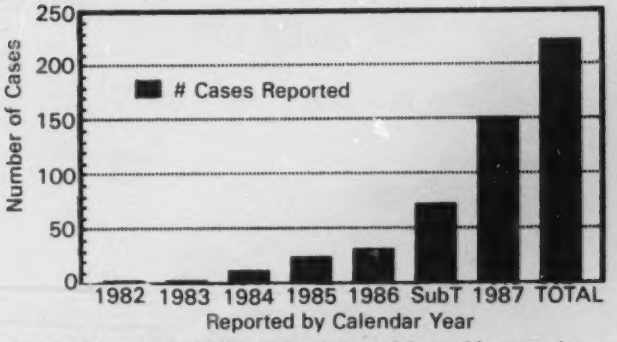
- **Home Health Care Licensing Bill**—Home health services have been provided by the Health Department and visiting nurse associations since the early 1900s. With the enactment of Medicare in 1966, however, this industry mushroomed into a multi-agency industry that has grown to provide more than one million home visits annually to Alabamians in need of skilled nursing, health therapy, homemaker, social, and nutritional services. With no state regulation yet provided, home health agencies represent the largest segment of unlicensed health care in Alabama.

  The department currently has 124 home health agencies listed under its Medicare certification program, which qualifies agencies to participate in the Medicaid Home Care Program. Since this program is voluntary the total number of agencies operating is unknown. Licensure of this business would transfer authority from present federal control to the state, making agency assistance and consumer protection more accessible.

- **Hospice Licensing Bill**—In their provision of care for the terminally ill, hospices provide a special service to dying patients and their families at one of life's most difficult times. Approximately 20 hospices are operating in Alabama, eight of which are Medicare certified by the department. The bill includes the proposal that an Alabama Hospice Organization member serve on the Advisory Board to the State Committee of Public Health.

- **Hearing Aid Dispensers**—Continuing changes in hearing aid technology and increases in users with problems and complaints have created increasing demands that supervision of hearing aid dispensers be transferred from the Hearing Aid Dealer Board which meets periodically throughout the year to an office operating daily within the Alabama Department of Public Health. The bill also recommends that the Hearing Aid Dealer Board be restructured to include more consumer representation, including a teacher of the hearing impaired and a member of the Alabama Commission on Aging. The board presently consists of five hearing aid dealers, one otolaryngologist, and one audiologist.

GRAPH 1-1
REPORTED ALABAMA AIDS CASES



The rapid increase in AIDS cases has indicated the need for expansion in AIDS testing and counseling programs and changes in disease reporting procedures to help prevent the spread of AIDS in Alabama.

Initiatives to Fight AIDS

Following the recommendations in February 1987 from the Centers for Disease Control, the department recommended an expansion in AIDS antibody testing and the passage of legislation to replace Alabama's anonymous testing system with a system that assures patient confidentiality but allows for contact tracing.

The 1987 Legislature provided funds to allow for AIDS antibody testing to be expanded to all health department STD, maternity, and family health patients, with the testing program to include establishment of a system of contact notification and tracking through all county health departments.

The Legislature also passed the Notifiable Disease Act which while providing a better system of disease tracking and prevention also affords Alabama citizens one of the strictest confidential disease reporting systems in the country.

In 1988 the department will seek continued funding for its expanded AIDS testing and tracking program.

"Right to Know" Bill to Strengthen Protection Against Contagious Diseases

To ensure the best protection of both patient confidentiality and public protection in cases of contagious disease, in 1988 the department is proposing a bill which would authorize the State Board of Health to establish the criteria and guidelines by which exceptions to the confidential provisions of the Notifiable Disease Act may be made when a potential risk exists for the spread of a contagious disease.

Implementation of Updated, Improved Sanitation Protection Procedures

While most states have had a consolidated set of statewide onsite sewage disposal system rules for several years, Alabama did not begin to implement statewide regulations until 1981. Prior to that time, the state provided guidelines, but each county followed its own rules. This situation has led to problems concerning health standards.

In 1987 the department sought legislative changes that would address these problems, but the bill proposing these changes did not pass. Since approximately 50 percent of the housing units in Alabama are served by onsite sewage disposal systems, the department will continue to work for improved sanitation measures in this area to help protect the public.

In 1988, the department is proposing changes in current rules that will offer better and more uniform protection through the use of more advanced technology and more efficient procedures.

Approximately 50% of the housing units in Alabama are served by onsite sewage disposal systems. Changes in current rules governing these systems are needed to offer better and more uniform sanitation protection through the use of more advanced, efficient procedures and stricter qualifications requirements of installers.

The rules under review are Onsite Sewage Disposal Rule Chapters 420-3-1, 2, and 3. Some of the improvements in regulations the department is seeking concern soil and site evaluation, private water supplies, expanding the definition of conventional systems to include other tested and proven systems, clear delineation between lot modifications and alternative systems, National Sanitation Foundation certification on aerobic wastewater treatment systems, and proper maintenance for all onsite systems.

Included in the 1988 bill is the proposal to require all onsite sewage disposal system installers to be department-certified and bonded.

Oyster Harvesting Regulation for Consumer Safety

If passage is achieved in 1988, this legislation will authorize the State Health Officer to close certain waters to oyster harvesting when tests reveal the oysters are unsafe for human consumption. The bill also sets any violation as a Class "C" misdemeanor.

Fee for Service Bill to Augment Funding

The Health Department provides a variety of services for the citizens of this state, primarily through the county health departments. Many citizens and organizations take advantage of the free services at the taxpayers' expense when they are financially able to assist with the cost; however, fees can not be collected without authorization by the Legislature. At the present time, there are 19 local fee-for-service acts authorizing the county health departments to charge fees for selective services. This has resulted in 19 different fee schedules for different services.

This bill will authorize the state Health Department to designate the services for which fees may be charged and to set the allowable maximum service fee. This will develop some degree of uniformity throughout the state as to the services for which fees are charged.

The proposed bill is permissive in that it requires the local county commission of each county to approve the recommended fees for their county.

All fees generated by a county health department are to be rebudgeted back into that county department's operation which provided the service. No citizen will be denied any service for the inability to pay.

Requests to Initiate or Increase Fees Include:

Increase Emergency Medical Services Licensing Fees—An increase in licensing fees is sought to assist with the administrative costs of handling the EMS testing and licensing programs which assure quality standards are met in EMS services throughout the state.

The present fees were set in 1971. With the passage of this bill, the individual license fee will be increased from $15 to $25 for a three-year license. The bill also assesses an examination administrative fee of $10 for each license application. Ambulance service license fees will be increased from $25 to $100 plus $5 per vehicle annually.

Initiate Air Ambulance Operator's Licensing— Currently only ground vehicle ambulance services are required to be licensed; the recent growth in air ambulance service necessitates a law to require licensing of this service.

Increase Hospital License Fees—The Bureau of Licensure and Certification is supported by annual fees, grants, and contracts. The last increase in license fees for medical facilities was in 1980. The licenses to operate these facilities are issued pursuant to Title 22, Chapter 21, Code of Alabama. The facilities are inspected periodically by trained personnel for compliance with the regulation to ensure quality care. The present basic annual fee is $100; the proposed is $200. The present annual fee per bed is $3; proposed is $5 (per bed over 10 beds).

Increase Vital Statistics Fees—An increase in Vital Statistics fees is sought to help provide funds for developing a statewide computer network that would allow delivery of vital records to county health departments to better serve the public. The Alabama Bureau of Vital Statistics is a self-supporting service receiving its total operational revenue from fees derived from issuing copies of vital records. The last fee increase was in 1980. The bill proposing the new fee increase also includes requests for the Bureau to have the authority to issue only the portion of the birth certificate that verifies the birth and retain the statistical and medical portion as confidential; to provide a designer certificate to fulfill the numerous requests from parents and grandparents for a special birth certificate suitable for framing and display; and the authorization of the State Board of Health to approve an individual to sign birth certificates for babies born in an institution to facilitate completion of the requested information on the certificate.

Increases include raising the initial fee from $5 to $8; each additional copy from $2 to $3; and increasing charges for special documents and amendments to original records by $2. In addition, this bill would allow a fee of $25 for the special designer birth certificate.

Personal Health Services The Heart Of Public Health

The heart of public health is the provision of professional services on a one-to-one basis, be it in the most populated city or the most remote countryside. All the research, planning, training, and funding is aimed toward the moment when the people on the front line of public health attempt to address the complexities of each patient's particular needs. From preparing a young pregnant woman to look after herself and her baby to aiding an elderly person to maintain his health and independence, the county public health staff serves the community.

The following describes the personal health care programs for disease and injury prevention, early detection and intervention, and treatment developed by the department and the implementation of these programs through area and county health department staffs.

County and Area Office Personal Health Care Services Summary

Personal health core services implemented to provide better care

During 1987 an ambitious but much-needed public health project was begun: the implementation of an integrated clinic core service system in all county health departments.

In August 1986 the State Committee of Public Health approved a policy which restructured the method of delivering personal health services through local county health departments. This policy identifies certain "core" services which should be available through each local health department clinic on a daily basis.

The goal of this initiative is to make certain clinic services available at the local level in an integrated, patient-oriented fashion throughout the state.

This project could not have been undertaken without the contributions of the staffs in Bibb, Cullman, Escambia, Lee, Randolph and St. Clair counties or their respective area level teams. By serving as pilot counties, they have wrestled with the problems of staffing, space, equipment, appointments, and patient flow to work out a usable and effective system. Their efforts in combination with the integrated core services team established the foundation for a statewide program.

In commending these counties for their efforts, Dr. Earl Fox, state health officer, commented, "We want to promote a positive health status for Alabama residents through expanded health services. The concentrated team effort of these county staffs has involved a commitment from throughout the department."

Representatives from all counties attended an integrated core services workshop in June during which the elements of integrated services were addressed and lessons learned from the demonstration sites were shared.

Personal Health Integrated Clinic Core Services

Each county offers the following services on a daily basis:

- Low-risk prenatal care
- Child health care
- WIC (Special Supplemental Food Program for Women, Infants and Children)
- Family planning
- Immunization
- Cancer detection
- Tuberculosis detection and treatment
- Sexually transmitted disease detection and treatment
- Hypertension screening and follow-up

At the area level, efforts are made to identify and provide the following services as needed:

- Prenatal complication clinic for high-risk prenatal care

- Hospital delivery resources
- Primary care referral resources
- Referral resources for problem patients
- Colposcopy clinic
- PKU/hypothyroid follow-up
- Tubal ligation resources
- Tuberculosis clinic
- Hypertension management clinics (routine and complications)
- Hospitalization for tuberculosis
- Alternate testing sites for AIDS and SIDS follow-up

County health departments go the extra mile . . .

. . . to reach out to the community, for disease has no understanding of cultural, economic, or geographic boundaries. When one person is helped, many lives may benefit; when one person is not, others may also be put in jeopardy.

The following are just a few examples of the dedication of county health department staff members to helping the people in their communities lead healthier, more productive lives.

Both on the job and as community volunteers, health department workers trained in AIDS counseling such as this public health representative in Montgomery County have worked hard to answer the public's questions about AIDS.

The Baldwin County Health Department makes a special effort each year to serve migrant farmworkers who are an important part of the agricultural productivity in that area. Staff members from the Baldwin County and Public Health Area 6 offices give of their time on a Sunday to provide health department services to the workers who have a very difficult time taking off during the week to obtain care.

Through the preventive health care services provided by the Conecuh County Health Department staff, older citizens such as these at the Life Enrichment Center in McKenzie enjoy better health longer. The privately operated center serves people from Butler, Conecuh, and Covington counties, and public health nurses make regular visits to consult on diet, hygiene, and control of such problems as diabetes and hypertension.

Following the maxim, "First you have to get their attention," many county health departments hold Halloween parties for children that include nutrition and safety tips for a healthy Halloween. In this photograph, children at the Bessemer Health Center at the Jefferson County Health Department help a staff member show what's right and wrong in this costume picture.

COUNTY HEALTH DEPARTMENT ACTIVITIES
1987

	VITAL STATISTICS	IMMUNIZATION	CHILD HEALTH CLINICS	WIC	HEALTH EDUCATION	SCHOOL HEALTH	DENTAL CARE	DENTAL HEALTH EDUCATION	FLUORIDE MOUTH RINSE	MATERNITY MEDICAL CARE	MATERNITY NURSING CARE	FAMILY PLANNING	TUBERCULOSIS	SEXUALLY TRANSMITTED DISEASE	HYPERTENSION TREATMENT	HYPERTENSION SCREENING	CANCER DETECTION	HOME HEALTH CARE	FOOD AND WATER INSPECTION	SOLID WASTE ENFORCEMENT	VECTOR CONTROL	SEWAGE DISPOSAL INSPECTION	SUBDIVISION REVIEW	SWIMMING POOL INSPECTION	HOTEL, MOTEL, PRISON, AND JAIL INSPECTION	SEPTIC TANK MANUFACTURERS/ SEWAGE TANK PUMPERS INSPECTION	RABIES CONTROL	CHILD CARE FACILITY INSPECTION	FROZEN DESSERT SAMPLING	SCHOOL INSPECTION
PUBLIC HEALTH AREA I																														
NORTHWEST ALABAMA REGIONAL HEALTH DEPARTMENT																														
COLBERT	X	X	X	X	X		X	X	X		X	X	X	X		X	X	X	X	X		X	X		X	X	X	X		X
FRANKLIN	X	X	X	X	X		X	X	X		X	X	X	X		X	X	X	X			X	X		X	X	X	X		X
LAUDERDALE	X	X	X	X	X		X	X	X	X		X	X	X		X	X	X	X			X	X		X	X	X	X		X
TRI-COUNTY DISTRICT HEALTH SERVICES																														
CULLMAN	X	X	X	X	X						X	X	X	X			X	X	X		X	X	X	X	X	X	X	X		X
LAWRENCE	X	X	X	X	X						X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X		X
LIMESTONE	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
MORGAN	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
JACKSON	X	X	X	X	X			X			X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MADISON	X	X	X	X	X	X			X		X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X
MARION	X	X	X	X	X	X			X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MARSHALL	X	X	X	X	X			X			X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
WINSTON	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA II																														
WEST ALABAMA DISTRICT HEALTH DEPARTMENT																														
BIBB	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GREENE	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LAMAR	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PICKENS	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TUSCALOOSA	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
FAYETTE	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA III																														
BLOUNT	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
CHILTON	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
ST. CLAIR	X	X	X	X	X	X					X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X
SHELBY	X	X	X	X	X	X			X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WALKER	X	X	X	X	X	X				X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA IV																														
CALHOUN	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X
CHAMBERS	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CHEROKEE	X	X	X	X	X					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLAY	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CLEBURNE	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
COOSA	X	X	X	X	X				X		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
DEKALB	X	X	X	X	X		X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ETOWAH	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RANDOLPH	X	X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TALLADEGA	X	X	X	X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X
TALLAPOOSA	X	X	X	X	X				X		X	X	X	X	X	X	X	X	X			X	X		X	X	X	X	X	X
PUBLIC HEALTH AREA V																														
AUTAUGA	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BARBOUR	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BULLOCK	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X	X	X	X	X
BUTLER	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
COFFEE	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
COVINGTON	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
CRENSHAW	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DALE	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
ELMORE	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GENEVA	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HENRY	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HOUSTON	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LEE	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LOWNDES	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
MACON	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MONTGOMERY	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PIKE	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RUSSELL	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA VI																														
GULF COAST DISTRICT HEALTH DEPARTMENT																														
BALDWIN	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
CONECUH	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
ESCAMBIA	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
CHOCTAW	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
CLARKE	X	X	X	X	X				X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DALLAS	X	X	X	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HALE	X	X	X	X	X			X	X		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
MARENGO	X	X	X	X	X				X		X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X
MONROE	X	X	X	X	X				X		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
PERRY	X	X	X	X	X		X	X				X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
SUMTER	X	X	X	X	X						X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X	X
WASHINGTON	X	X	X	X	X				X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
WILCOX	X	X	X	X	X						X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
PUBLIC HEALTH AREA VII																														
MOBILE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
PUBLIC HEALTH AREA VIII																														
JEFFERSON	X	X	X	X	X		X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

(Continued from page 1)

	FOOD MANAGER TRAINING	RETAIL FOOD STORE INSPECTION	COMPLAINT INVESTIGATION	FOOD SERVICE PLAN REVIEW	EPIDEMIOLOGY SURVEILLANCE	FLUORIDE WATER SAMPLING	CEMETERY PROPOSAL EVALUATION	PLUMBING INSPECTION	CAMP INSPECTION	FOODHANDLERS' PERMITS	CARBON MONOXIDE TESTING	EMERGENCY RESPONSE	REFUGEE SCREENING	CHILD HEALTH CARE/ PRIMARY CARE	ADULT MEDICAL CARE/ PRIMARY CARE	ADOLESCENT PREGNANCY PREVENTION PROJECT	INFANT CAR SEAT LOANER PROGRAM	INFANT AND TODDLER RESTRAINT	EYE CLINIC	DIABETIC SCREENING	AUDIO TESTING	PHARMACY SERVICE	SUDDEN INFANT DEATH SYNDROME
PUBLIC HEALTH AREA I																							
NORTHWEST ALABAMA REGIONAL HEALTH DEPARTMENT																							
COLBERT	X	X	X	X	X	X	X					X		X		X	X	X		X	X	X	X
FRANKLIN	X	X	X	X	X	X	X					X		X		X	X	X		X	X	X	X
LAUDERDALE	X	X	X	X	X	X	X					X		X		X	X	X		X	X	X	X
TRI-COUNTY DISTRICT HEALTH SERVICES																							
CULLMAN	X	X	X	X	X	X	X		X								X						X
LAWRENCE	X	X	X	X	X		X		X														X
LIMESTONE	X	X	X	X	X		X		X			X											X
MORGAN	X	X	X	X	X	X			X			X											X
JACKSON	X	X	X	X	X	X	X		X	X		X				X	X	X			X		
MADISON	X	X	X	X	X		X		X	X	X		X	X	X				X	X	X		X
MARION	X	X	X	X	X	X	X		X	X		X					X				X		X
MARSHALL	X	X	X	X	X		X		X	X		X		X		X	X	X			X		X
WINSTON	X	X	X	X	X	X	X		X								X	X					
PUBLIC HEALTH AREA II																							
WEST ALABAMA DISTRICT HEALTH DEPARTMENT																							
BIBB	X	X	X	X	X	X	X		X			X		X		X	X						X
GREENE	X	X	X	X	X	X	X		X			X		X		X							X
LAMAR	X	X	X	X	X	X	X		X			X	X	X		X							X
PICKENS	X	X	X	X	X	X	X		X			X		X		X							X
TUSCALOOSA	X	X	X	X	X	X	X		X			X	X	X	X	X	X			X	X		X
FAYETTE	X	X	X	X	X	X	X		X			X		X		X							X
PUBLIC HEALTH AREA III																							
BLOUNT		X	X	X		X	X										X				X		
CHILTON	X		X	X			X		X								X	X			X		
ST. CLAIR	X		X	X			X		X								X	X			X		
SHELBY	X	X	X	X		X	X		X		X	X					X	X			X		
WALKER	X	X	X	X	X		X		X	X							X	X			X		X
PUBLIC HEALTH AREA IV																							
CALHOUN	X	X	X	X	X	X	X		X			X	X				X	X			X		X
CHAMBERS	X	X	X	X	X	X	X	X	X	X				X			X	X			X		X
CHEROKEE	X	X	X	X	X	X	X		X	X	X		X	X	X						X		
CLAY	X	X	X	X	X	X	X		X			X					X	X			X		X
CLEBURNE	X	X	X	X	X	X	X		X	X				X	X		X	X		X	X		X
COOSA	X	X	X	X	X	X	X		X					X			X	X			X		X
DEKALB	X	X	X	X	X	X	X	X	X	X	X		X								X		
ETOWAH	X	X	X	X	X	X	X	X	X	X			X	X	X		X	X	X				X
RANDOLPH	X	X	X	X	X	X	X	X	X	X			X	X	X		X	X			X		X
TALLADEGA	X	X	X	X	X	X	X		X					X			X	X			X		X
TALLAPOOSA	X	X	X	X	X	X	X		X								X	X			X		X
PUBLIC HEALTH AREA V																							
AUTAUGA	X	X	X	X	X	X	X		X	X		X		X	X								X
BARBOUR	X	X	X	X	X	X	X	X				X	X	X	X						X		
BULLOCK	X	X	X	X	X		X					X		X	X						X		X
BUTLER	X	X	X	X	X	X	X		X			X		X	X					X	X		
COFFEE	X	X	X	X	X	X	X	X	X			X	X	X	X		X	X		X	X		X
COVINGTON	X	X	X	X	X	X	X		X			X									X		
CRENSHAW	X	X	X	X	X	X	X		X			X	X	X	X						X		X
DALE	X	X	X	X	X	X	X					X				X	X	X	X	X	X		X
ELMORE		X	X	X	X	X	X		X	X		X		X	X								X
GENEVA	X	X	X	X	X	X	X		X			X	X	X	X	X	X	X		X	X		X
HENRY	X	X	X	X	X	X	X	X	X			X		X	X						X		
HOUSTON	X	X	X	X	X	X	X	X	X	X		X	X								X		X
LEE	X	X	X	X	X	X	X		X	X		X	X	X	X						X		X
LOWNDES	X	X	X	X	X	X							X	X	X						X		
MACON	X	X	X	X	X	X	X		X	X		X	X	X	X					X	X		X
MONTGOMERY	X	X	X	X	X	X	X	X	X	X		X	X	X	X								X
PIKE	X	X	X	X	X	X	X		X			X	X	X	X						X		X
RUSSELL	X	X	X	X	X	X				X		X	X	X	X	X				X	X		X
PUBLIC HEALTH AREA VI																							
GULF COAST DISTRICT HEALTH DEPARTMENT																							
BALDWIN	X	X	X	X	X	X	X		X			X					X			X	X		X
CONECUH	X	X	X	X	X	X	X		X			X								X	X		X
ESCAMBIA	X	X	X	X	X	X	X		X			X								X			X
CHOCTAW	X	X	X	X	X	X	X	X				X		X	X						X	X	X
CLARKE	X	X	X	X	X	X	X		X			X									X		X
DALLAS	X	X	X	X	X	X	X		X			X		X	X	X					X		X
HALE	X	X	X	X	X	X	X					X		X			X	X			X		X
MARENGO	X	X	X	X	X		X					X									X		X
MONROE	X	X	X	X	X		X					X		X	X	X					X		X
PERRY	X	X	X	X	X	X	X		X			X		X	X					X	X		
SUMTER	X	X	X	X	X	X	X			X		X									X		X
WASHINGTON	X	X	X	X	X		X		X			X										X	X
WILCOX	X	X	X	X	X	X	X					X		X	X						X		X
PUBLIC HEALTH AREA VII																							
MOBILE	X	X	X	X	X	X	X	X	X	X		X	X	X	X		X			X		X	X
PUBLIC HEALTH AREA VIII																							
JEFFERSON	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X		X	X	X	X

Bureau of Personal Health Services

Division of Disease Control

Diabetes Branch

PROGRAM GOALS: To reduce diabetic eye complications leading to blindness and improve blood pressure control of diabetics with coexisting hypertension, thereby decreasing mortality.

New diabetes program initiated

During Fiscal Year 1987, a new diabetes program was initiated by the Alabama Department of Public Health. This diabetes initiative focuses heavily on the prevention of four major complications of diabetes mellitus (blindness, coexisting hypertension, lower extremity amputation, and adverse outcome of pregnancy).

Mobile pilot project lays program foundation

The initial stage of the Diabetes Program began with a pilot project at the Mobile County Health Department during Fiscal Year 1987. This initiative involved implementation of intervention strategies for the prevention of visual impairment and the reduction of morbidity and mortality due to coexisting diabetes and hypertension. Based upon the progress demonstrated and the experience gained during the initial stage of this program, the Alabama Department of Public Health plans to expand the diabetes program to include additional pilot counties and to ultimately implement a strong statewide effort which will positively impact upon the health care needs and clinical outcomes of low-income Alabama residents with diabetes.

Diabetes is a major cause of death, blindness, lower extremity amputation, and adverse outcome of pregnancy. The Diabetes Branch works to establish programs to identify and educate diabetics in care such as the blood testing illustrated here that can help prevent the complications of this disease.

Visual impairment intervention strategy

The intervention strategy used for prevention of visual impairment was to identify those individuals who were diabetic and to insure that they received a sensitive eye examination. Those found to have complications were to receive therapy for their condition.

During this report period, a total of 371 diabetic patients were identified and enrolled in the diabetes pilot program. Of these diabetic enrollees, 308 qualified for sensitive eye examinations and 238 of those qualified received evaluations for glaucoma, cataracts, and retinopathy. Twenty of those patients who were evaluated for diabetic eye diseases were also provided with treatment for their condition.

Diabetic Patients Treated for Eye Disease
Fiscal Year 1987

5	Glaucoma
13	Retinopathy (Laser)
2	Cataracts (Extraction)
1	Maculopathy (Vitrectomy)

(Some patients treated for more than one condition)

Coexisting diabetes/hypertension project

The intervention strategies involved in reducing morbidity and mortality of those individuals with coexisting diabetes and hypertension were as follows:

1. Identify those diabetics who were hypertensive.
2. Provide and reinforce strong risk reduction educational messages (one-on-one and group sessions) to those identified as being diabetic and hypertensive.
3. Provide proper medication for indigent patients needing this service.

Of the 371 diabetics enrolled in the diabetes pilot program, 100% were evaluated for elevated blood pressure. A total of 252 of these patients had blood pressure readings which exceeded normal limits.

Diabetic Class Attendance
Fiscal Year 1987

32	Number of classes conducted
204	Number of patients attending
*13.5	Average attendance per class

*Some patients attended more than one class.

An outcome indicator selected to measure the progress made toward reducing elevated blood pressure among

diabetics was to compare blood pressure readings recorded at the patient's initial visit with the readings recorded at six-month follow-up intervals. During Fiscal Year 1987, 146 patients received a six-month follow-up blood pressure check. The average systolic reading for those diabetic hypertensives dropped in six months from 154.79 to 152.78, while the average diastolic reading was reduced from 87.79 to 87.55.

Epidemiology Branch

PROGRAM GOALS: To monitor and investigate the incidence, prevalence, and outcomes of communicable and chronic diseases, perinatal events, environmental and occupational health hazards, and mortality trends; to provide leadership and technical expertise in the analysis of risk factors of the above categories and in the development, implementation, and assessment of control strategies designed to lessen the morbidity and mortality associated with them.

Surveillance registry computerization accomplished

A major technical accomplishment of the Epidemiology Branch during Calendar Year 1987 has been the computerization of the surveillance registry of all notifiable diseases different from tuberculosis and the sexually transmitted diseases. Records are now maintained in desk-top computers, and so timely analysis with respect to person, place, and time characteristics is now possible. Periodic reports, beginning with year-end totals, are now being distributed to public health areas. In addition, these computer files allow the state to report weekly case occurrence data to the Centers for Disease Control by means of computer-generated telephonic reports. Calendar year totals for notifiable diseases are shown in Tables 2-1 and 2-2.

With health budgets, time, and personnel tight, epidemiology helps provide the substantiation of the necessity and efficacy of health care and prevention programs. This year surveillance registry computerization greatly enhanced the report and analysis capabilities of the Epidemiology Branch.

Investigations include infant mortality, HTLV-I

Situations investigated during the past calendar year included the state's high infant mortality, two outbreaks of diarrheal illness among day-care attendees, an excess of *H. influenzae* cases in one county, and a foodborne outbreak of shigellosis. Other ongoing studies are a determination of HTLV-I seroprevalence among sera submitted for syphilis and AIDS antibody testing, a review of hepatitis B serology among Southeast Asian refugees, and influenza surveillance.

CDC applied epidemiology course conducted

In July a total of 14 state and local health department employees took part in an eight-day training course in applied epidemiology conducted by the Centers for Disease Control. This course taught principles of disease surveillance, outbreak investigations, and disease control. These trained individuals are now in a position to monitor and respond to changes in disease occurrence in their local jurisdictions.

1988 plans include reorganization, standardization training

Plans for 1988 include the reorganization of epidemiology into areas of acute diseases, chronic/environmental diseases, and perinatal issues. With the reorganization it is expected that additional trained staff will be hired. A revised Notifiable Disease Report Card will be distributed in early 1988, and plans have been made for in-service training to standardize surveillance and reporting practice within the state.

Hypertension Branch

PROGRAM GOALS: To reduce the prevalence of uncontrolled hypertension among Alabamians aged 18 to 74 years who are at or below 150 percent of poverty, thereby reducing morbidity and mortality.

Regional U.S. differences

According to the National Center for Health Statistics, the hypertensives in the South are more aware of their high blood pressure, report a higher percent taking medication and percent controlled, and yet have a higher stroke mortality rate (82.8) per 100,000 than all other regions (73.6). Part of the explanation for this apparent paradox may be that southern blacks experience more severe blood pressure (DBP $\geq$ 115 mmHg) by almost three to one over their black counterparts in all other regions.

Alabama program expansion

With high blood pressure being the leading cause of stroke, it presents a significant challenge to our public health system to make appreciable inroads in the estimated

TABLE 2-1
CASES OF NOTIFIABLE DISEASES
BY YEAR; 1977-1987

Diseases	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987
AIDS	—	—	—	—	—	2	3	12	26	30	151
Amebiasis	1	5	2	7	4	4	5	11	6	10	21
Brucellosis	2	3	3	6	4	5	5	4	2	2	0
Campylobacterosis	—	—	—	24	61	56	109	99	109	196	156
Diphtheria	0	0	0	0	0	0	0	0	0	0	0
Encephalitis	12	16	28	12	23	18	25	26	15	31	19
Giardiasis	—	—	—	—	—	435	713	1,277	1,351	1,183	594
Gonorrhea	24,936	25,082	26,012	24,464	25,178	25,092	23,156	23,376	23,717	21,055	17,988
H. influenzae	—	—	—	—	116	82	84	118	102	128	141
Hepatitis, A	212	224	267	237	155	128	183	127	52	70	80
Hepatitis, B	175	168	236	273	289	381	424	464	487	576	412
Hepatitis, Unspec.	74	57	120	138	78	57	49	35	15	15	9
Hep., Non A, Non B	—	—	—	—	32	63	76	70	76	69	56
Histoplasmosis	—	—	50	21	72	131	104	81	55	77	11
Kawasaki	—	—	—	—	—	—	9	9	19	13	10
Legionellosis	13	13	10	10	7	9	5	19	5	9	7
Leptospirosis	5	1	2	1	1	2	2	1	1	0	0
Malaria	6	2	6	8	10	2	7	8	6	10	5
Measles	79	102	129	22	2	2	5	3	0	2	4
Meningitis, Aseptic	183	148	289	537	326	321	445	238	303	377	252
Meningococcal Men.	61	52	41	58	68	56	50	36	28	41	45
Mumps	400	437	28	36	19	10	2	6	2	4	64
Pertussis	4	3	4	3	0	5	5	2	30	25	25
Poliomyelitis	0	0	0	0	0	0	0	0	1	0	0
Psittacosis	1	0	2	2	0	1	0	0	0	2	0
Rabies in Animals	13	53	73	56	123	146	85	130	124	117	81
Reye Syndrome	2	5	7	10	14	10	5	5	3	4	0
Rocky Mt. Spotted Fev.	20	13	21	18	24	19	24	15	16	25	11
Rubella	110	25	44	3	1	0	1	3	0	0	0
Salmonellosis	425	486	474	534	603	543	737	477	740	733	798
Shigellosis	125	246	121	157	61	84	105	76	153	51	128
Syphilis	350	421	577	893	1,062	1,510	1,528	1,382	1,375	1,165	1,142
Tetanus	3	0	5	4	2	6	3	2	2	3	3
Toxic Shock Syndrome	—	—	—	—	11	5	6	2	2	5	6
Tuberculosis	704	672	644	665	640	631	523	565	531	601	541
Tularemia	1	1	0	2	0	0	0	0	1	1	1
Typhoid Fever	1	3	8	4	5	10	2	2	2	1	1
Typhus, Murine	0	1	0	0	0	1	0	0	0	0	0

234,227 uncontrolled Alabama hypertensives in the medically indigent population.

In order to accelerate treatment services to those uncontrolled hypertensives at or below 150% of poverty, the Alabama program nearly tripled its county coverage area from 10 to 27 counties (more than a third of the state) during Fiscal Year 1987. During this period, 486 net new patients were brought under treatment for almost a 20% increase over the past year.

Expansion and progress also occurred in the areas of an extended antihypertensive drug formulary and revision of program guidelines. Two medications, previously available but dropped for cost reasons, were restored giving health department clinicians and private physicians better tools to control blood pressures. The program manual was revised to coincide with the latest national guidelines, to increase patient supervision, and to reduce overall volume of the document.

Therapy Clinic Data (27 Counties)

12,590	Unduplicated Screenings
2,697	Elevations (21%)
1,778	Referrals
447	Newly Detected
2,979	Therapy Patients
16,258	Therapy Visits
11,476	Controlled Visits (71%)
40,706	Total Contacts

While 40 counties had not, as yet, begun to offer program medications by the end of Fiscal Year 1987, blood pressure activity of a less intense variety was still being offered as a service. When these activities are combined with the 27 counties offering program therapy, the statistical data doubles.

TABLE 2-2
CASES OF NOTIFIABLE DISEASES
BY PUBLIC HEALTH AREA; 1987

Diseases	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Total
AIDS	17	7	5	11	28	9	34	40	151
Amebiasis	1	1	0	0	0	13	6	0	21
Brucellosis	0	0	0	0	0	0	0	0	0
Campylobacterosis	28	4	2	7	11	10	60	34	156
Diphtheria	0	0	0	0	0	0	0	0	0
Encephalitis	5	0	3	0	4	1	1	5	19
Giardiasis	68	10	34	28	141	69	209	35	594
Gonorrhea	2,162	1,178	361	1,332	3,985	1,381	2,716	4,873	17,988
H. influenzae	30	8	6	11	26	9	20	31	141
Hepatitis, A	31	6	2	8	8	3	11	11	80
Hepatitis, B	69	8	16	47	46	27	123	76	412
Hepatitis, Unspec.	5	0	0	0	3	0	0	1	9
Hep., Non A, Non B	15	0	3	7	3	0	6	22	56
Histoplasmosis	2	2	0	0	4	1	0	2	11
Kawasaki	4	0	2	0	0	0	0	4	10
Legionellosis	2	0	0	1	2	1	0	1	7
Leptospirosis	0	0	0	0	0	0	0	0	0
Malaria	1	1	0	1	0	1	0	1	5
Measles	0	0	0	0	0	0	0	4	4
Meningitis, Aseptic	68	2	13	23	20	6	30	90	252
Meningococcal Men.	9	5	3	5	9	3	4	7	45
Mumps	1	2	1	2	3	2	53	0	64
Pertussis	7	0	1	4	1	1	6	5	25
Poliomyelitis	0	0	0	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0	0	0	0
Rabies in Animals	3	0	3	5	61	8	0	1	81
Reye Syndrome	0	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fev.	6	1	0	2	0	1	0	1	11
Rubella	0	0	0	0	0	0	0	0	0
Salmonellosis	90	41	23	63	200	28	151	202	798
Shigellosis	9	7	14	8	18	9	52	11	128
Syphilis	60	29	27	84	355	109	228	250	1,142
Tetanus	1	1	0	0	0	0	0	1	3
Toxic Shock Syndrome	3	1	0	0	2	0	0	0	6
Tuberculosis	118	51	24	67	83	56	46	96	541
Tularemia	0	0	0	1	0	0	0	0	1
Typhoid Fever	0	1	0	0	0	0	0	0	1
Typhus, Murine	0	1	0	0	0	0	0	0	0
TOTAL	2,815	1,366	543	1,717	5,013	1,748	3,756	5,804	22,762

Statewide Hypertension Activity (All County Units)

26,709 Unduplicated Screenings
4,863 Elevated Pressures (18%)
2,433 Referrals
32,159 Repeat Blood Pressures
84,910 Total B.P. Visits

CHART 3-1
Counties Offering Hypertension Program Funded Medication Services September 30, 1987

Other activities include professional and public education

The Alabama Hypertension Program was asked and presented program overviews at two major meetings: The Second International Conference on Hypertension in Blacks in Atlanta, and the Fall NIH Media Workshop in Washington, D.C. Television PSAs featuring both hypertension and cholesterol were again distributed through the office network to 23 television stations statewide in the fall and in the spring. High Blood Pressure Month kits were mailed to all county units for the thirteenth year in a row. The program also assisted two other groups in their efforts to impact on high blood pressure control. Health PITCH was a coalition of consumers, physicians, and private industry which targeted mass screenings and educational programs for blacks in two Alabama cities, Mobile and Birmingham. The program also answered a request from the University of Alabama at Birmingham (UAB) to support the SHEP research program (Systolic Hypertension in the Elderly Program).

Expansion plans for 1988

Goals set for Fiscal Year 1988 will expand program treatment services into at least 17 more counties which will bring the total coverage to 44 counties or two-thirds of Alabama. Another key goal is to have at least 50% of counties adopting clinic policies to counsel patients in several key lifestyle behaviors to include diet, salt use, exercise, and alcohol use. Diet and exercise counseling are especially significant in this area since National Center for Health Statistics' data indicate that 45% of black male hypertensives and 71% of black female hypertensives are obese as compared to 36% and 58% of their black counterparts in other regions.

Immunization Branch

PROGRAM GOALS: To reach zero morbidity from vaccine-preventable diseases in Alabama residents of all ages, and to ensure proper vaccine storage and handling to maintain a less than 1 percent loss of the total cost of vaccines supplied yearly to county health departments.

Surtaxes add to soaring vaccine costs

Vaccine-related issues remained the focal point of the Immunization Branch during 1987. In late December Congress funded the National Vaccination Compensation Act as part of the Budget Reconciliation Act. This action created a system of surtaxes to be added to the cost of every dose of certain vaccines purchased in the United States effective January 1, 1988. The surtaxes were levied as follows:

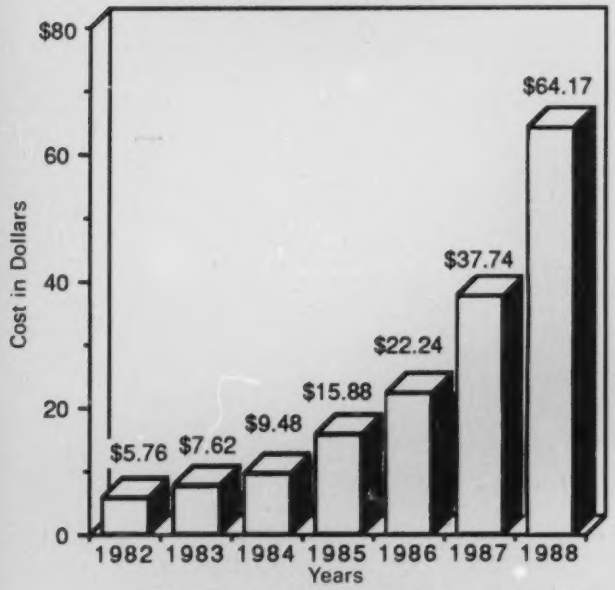
Diphtheria, tetanus, pertussis (DTP) ..... $4.65 per dose
Measles, mumps, rubella (MMR) ..... $4.44 per dose
Oral polio vaccine (OPV) .....$ .29 per dose
Diphtheria, tetanus (DT) .....$ .06 per dose

Whereas the cost to immunize a child for school (with the minimum required 3 DTP, 3 OPV, 1 MMR) in 1978 was $3.67, in 1988 the cost will be $64.17! By state law all school children in kindergarten through twelfth grade of any Alabama school must be immunized as noted above. The Immunization Branch will require an additional $1,017,928 to pay the taxes on the number of doses of vaccine anticipated to be administered during 1988.

During the latter part of 1987 the Immunization Branch attempted to order large quantities of DTP and MMR vaccines at the pre-tax prices. However, because of severe time limitations and the nonavailability of vaccines, these efforts were only marginally successful in saving money.

GRAPH 4-1

COST TO PREPARE A CHILD FOR SCHOOL ENTRANCE*



*3 DTP, 3 OPV, 1 MMR required by law for school attendance, grades K-12.

TABLE 4-1
VACCINE ADMINISTERED IN PUBLIC HEALTH CLINICS 1987

Diphtheria	170,931
Tetanus	170,931
Pertussis	148,479
Polio	133,178
Measles	34,961
Rubella	34,961
Mumps	34,668

Measures taken to protect vaccines

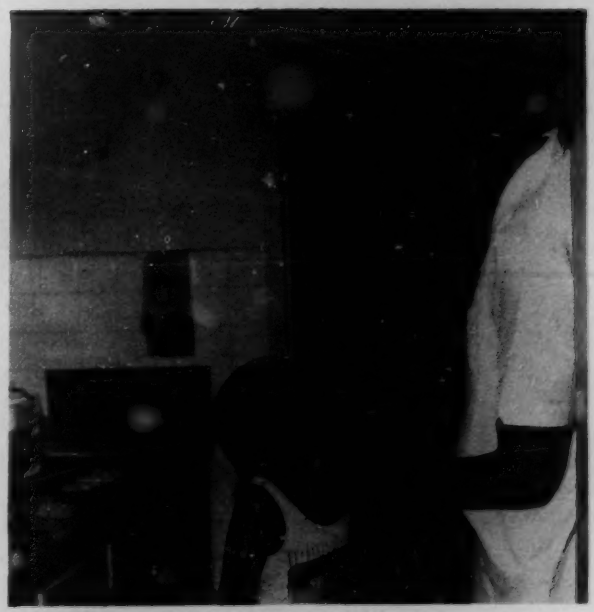
With rising vaccine costs, limited availability of vaccines at any cost and the anticipated surtax, the Immunization Branch instituted a new system to protect the integrity of vaccines handled at the Montgomery office and shipped to the public health areas and county health departments. The 35-year-old walk-in cooler located in the Public Health Services Building was removed and a new, more efficient cooler installed. Additionally two blood bank type refrigerators were purchased and installed to store Immunization Branch vaccines. A state-of-the-art security system was installed. The temperatures in the three units noted above plus two upright freezers are monitored 24 hours a day, seven days week. In case of a temperature failure a rapid response system is in place.

Statewide influenza immunization program re-established

During the summer of 1987 the Immunization Branch worked closely with the Finance Branch to establish the first statewide influenza immunization program since 1980. During November 20,000 doses of influenza vaccine were distributed to the county health departments. Primary target groups for the program included persons over 65 and younger persons with certain chronic conditions. Nursing home residents were also considered a priority group for immunization. Several counties ordered additional influenza vaccine.

Surveys reflect exceptional immunization levels

Surveys administered annually by the Immunization Branch continue to reflect exceptional immunization levels. During Fiscal Year 1987, 98.59% of all children attending any grade of Alabama's public and private schools were adequately immunized and had a Certificate of Immunization on file. Results of the mailout survey of day care centers show that 93.94 % of the records checked showed preschoolers as up-to-date-for-age on their basic immunizations. The long range goal of the program is for *all* preschool children to be adequately immunized. Current estimates show that just over 80% of all these children are now adequately immunized.



By state law all school children must be immunized against measles, mumps, rubella, diphtheria, tetanus, pertussis and polio. As many as 80 percent of school children in some counties receive their immunizations at county health departments. The success of the public health vaccine program can be seen by the dramatic drop in vaccine-preventable illnesses. In 1986 there were only 34 cases of these illnesses; in 1971, there were 3,312. The tremendous increase in childhood vaccine costs will have to be met in order to continue this vital means of protecting the public health.

Coupled with high immunization levels in 1987 was low morbidity. Table 4-2 reflects disease incidence for vaccine preventable diseases during the year:

TABLE 4-2
STATE OF ALABAMA
CASES OF SPECIFIED NOTIFIABLE DISEASES
1983-1987

	1983	1984	1985	1986	1987
Diphtheria	0	0	0	0	0
Pertussis	5	2	30	25	24
Tetanus	3	2	1	3	3
Measles	5	3	0	2	4
Mumps	2	6	0	4	64*
Rubella	1	3	0	0	0
Polio	0	0	0	0	0

* The increase in mumps cases represents an outbreak in a southwest Alabama high school where many children had transferred from an adjacent state, a state that does not require proof of mumps immunization for school attendance.

1988 challenge is to meet rising costs

The priority need for 1988 and beyond is adequate funding to purchase adequate supplies of vaccines at spiralling costs. The Immunization Branch will work closely with the State Health Officer and the Centers for Disease Control/Region IV of the U.S. Department of Health and Human Services to explore all possible funding sources.

Sexually Transmitted Diseases Branch

PROGRAM GOALS: To reduce incidences of sexually transmitted diseases (STD) to a controllable level, with reduction schedules including a 17.2 percent decrease of primary and secondary syphilis case rates and a 22.9 percent decrease of gonorrhea case rates by the end of Fiscal Year '89.

Changes in syphilis case numbers

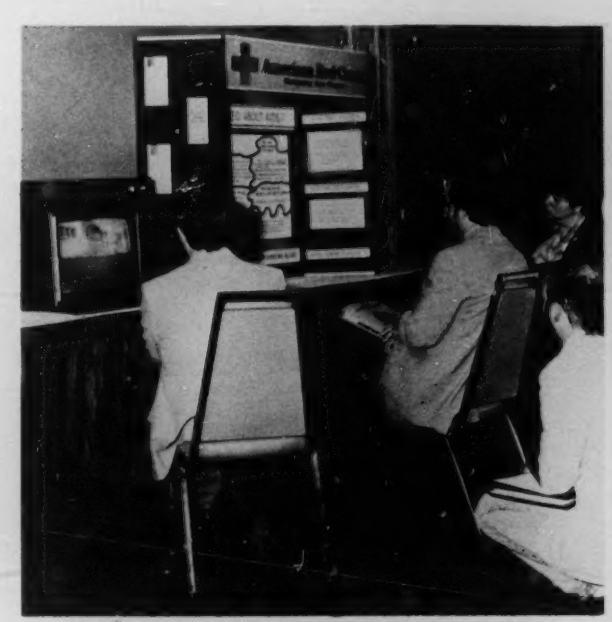
During Calendar Year 1987, there was a slight decrease in the number of repeated cases of infectious and potentially infectious syphilis. The case rate for infectious (primary and secondary) syphilis during Calendar Year 1987 was 11.72 cases per 100,000 population.

Since the number of cases of congenital syphilis continued to increase during Calendar Year 1987, a "Congenital Syphilis Protocol" was developed and will be in the field and available to physicians early in Calendar Year 1988. The protocol implements the prenatal serologic surveillance section of the new Notifiable Diseases Act.

Notifiable Diseases Act passed

The Alabama State Legislature during its spring-summer 1987 session passed the 1987 Notifiable Diseases Act. This act modernizes the outdated 1940s law; specifically the confidentiality of sexually transmissible disease records were strengthened, prenatal syphilis serologic testing was adopted, and the Committee of Public Health was charged with determining which diseases and/or health conditions are reportable and the manner in which they will be reported.

The Committee of Public Health made positive Human Immunodeficiency Virus Antibody tests reportable by name, address, date of birth, race, and name of requesting physician.



Over 1,000 people attended the First Alabama AIDS Symposium sponsored by the department and co-sponsored by 26 organizations and agencies throughout the state. The conference offered a multi-dimensional program that focused on developing innovative educational strategies for AIDS prevention and control.

HIV-Ab testing/counseling program expanded

Six additional HIV-Ab Counseling and Testing Sites (CTS) were opened, giving the state a total of 11 statewide. There were 5,135 persons tested for Human Immunodeficiency Virus Antibodies in Fiscal Year 1987 compared to fewer than 1,000 people tested during Fiscal Year 1986.

A decision was made to cross train existing STD public health representatives and public health nurses (PHNs) to provide pre- and posttest counseling for persons being tested for HIV antibodies and to provide assistance to HIV antibody positive patients in the referral of their sexual partners and/or needle-sharing partners to counseling and testing sites. The PHNs will be those working in STD, Family Planning, Maternity and Tuberculosis clinics.

Sexually Transmissible Diseases 1987

Number of STD Patients Screened	236,961
Gonorrhea Screening	221,852
Syphilis Screening	15,109
Primary and Secondary Syphilis	
Number civilians	485
Rate/population[1]	11.72/100,000
Total Syphilis	
Number civilians	1,135
Rate/population	27.43/100,000
Gonorrhea	
Number	17,779
Rate/population	429.68/100,000
Gonococcal Pelvic Inflammatory Disease (GPID) Cases	397
Penicillinase Producing Neisseria Gonorrhoeae (PPNG) Cases	73
Number of STD Contacts Interviewed[2]	3,478
(Gonorrhea contacts	2,201
Syphilis contacts	1,277)
HIV-Antibody tests given	6,130
Number positive	228/3.72%+

[1]Rate based on population estimate of 4,138,000 persons.
[2]Fiscal Year 1987 figures—all other data is for Calendar Year 1987.

Tuberculosis Control Branch

PROGRAM GOALS: To eliminate tuberculosis in Alabama.

Decrease in tuberculosis cases reported in 37 counties

During Calendar Year 1987, 541 new cases of tuberculosis were reported to the Alabama Department of Public Health. Of the total cases reported, 476 (88%) were pulmonary and 65 (12%) were extrapulmonary. This reported morbidity reflects a case rate of 13.0 cases per 100,000 population and represents an 8% decrease when compared to the 588 cases reported during Calendar Year 1986.

Public Health Areas 6 and 7 experienced increases of 19.1% and 17.9% respectively in the number of cases reported during 1987 when compared with the previous year. All other public health areas recorded fewer cases in 1987.

During Calendar Year 1987, 37 counties (55%) recorded decreases in reported tuberculosis morbidity, 22 counties (33%) recorded increases, and 8 (12%) recorded the same number as 1986. Thirteen counties (19%) reported no new tuberculosis cases during Calendar Year 1987. These included Barbour, Chambers, Chilton, Choctaw, Clay, Cleburne, Coffee, Conecuh, Coosa, Crenshaw, Dale, Henry, and Lowndes. The number of counties reporting no new cases during 1987 increased 160% when compared with 1986.

Public Health Area	Tuberculosis Case Rate Per 100,000 Population
1	14.1
2	22.2
3	8.7
4	12.7
5	10.0
6	14.9
7	11.8
8	14.1

Of those counties reporting new cases of tuberculosis, Dallas recorded the highest case rate (34.9 cases per 100,000 population) and DeKalb recorded the lowest (1.7 cases per 100,000 population).

TB hospital admissions decrease

During Fiscal Year 1987, the eight contract hospitals (46 beds) recorded 143 admissions and 146 discharges. The number of admissions decreased 13% when compared with the previous year. The average patient stay in Fiscal Year 1987 was 15.5 days at an average hospital cost of $619.36 per day and an average state TB budget cost of $222.58 per day.

Preventive therapy patients added

In Calendar Year 1987, 3,159 patients were placed on preventive therapy in Alabama. This brings the total to approximately 144,800 since the beginning of the preventive therapy program in 1965.

Directly Observed Therapy (DOT) addresses treatment non-compliance

In 1987, patient noncompliance in taking prescribed medication continued as one of the major problems faced by tuberculosis control program staff. In order to address this situation, a formal DOT protocol was developed. This DOT protocol, along with a formal training course for health department and TB Program staff, will become one of the major initiatives of the TB Control Program for 1988.

TB and AIDS

Unlike other diseases associated with AIDS, tuberculosis is especially serious because it can be spread by airborne transmission to adults and children in the community who are not at risk for AIDS. Unless aggressive action is taken, the tuberculosis problem may worsen as more tuberculosis-infected persons become infected with HIV.

The goal of future TB control measures must be to prevent the spread of HIV and AIDS-related tuberculosis. In order to reach this goal, the TB Control Program must achieve the following objectives:

- Identify all HIV and AIDS related tuberculosis cases in a timely manner to prevent TB transmission in the community.
- Ensure that a full course of TB therapy is completed by all HIV or AIDS related tuberculosis cases.
- Prevent tuberculosis disease from developing among persons with both TB infection and HIV infection.

Zoonotic Diseases Branch

PROGRAM GOALS: To provide coordination and consultation to local health departments, health care providers, and the general public for a statewide rabies immunization and control program and consultation on animal diseases considered to be transmissible to man.

Total rabies cases decline in 1987

Since 1978, a persistent and alarming increase in the incidence of rabies in Alabama has been observed, especially in wildlife. Rabies was diagnosed in 30 counties of the state during 1987 and remains a serious threat to human beings, livestock, and pets.

A marked decrease occurred in the total number of rabid animals diagnosed by the Bureau of Clinical Laboratories from 117 in 1986 to 81 in 1987. This is primarily due to a sharp decline in wildlife specimens submitted for examinations. While the total number of specimens from all species examined increased slightly in 1987, wildlife specimens, especially bats, decreased by almost one-third. The overall positivity for all species was 2.7%, and for specific species, raccoons, 21%; skunks, 15%; bats, 11.5%; and foxes, 1.7%.

Rabies immunization activities increased

Distribution of rabies biologicals during the year increased slightly, but a significant shift in the utilization of these products has become evident. Of the 221 individuals receiving human rabies biologicals, over 50% utilized immunization for the purpose of pre-exposure protection. Thirty-seven individuals were classified as non-exposures to rabies following consultation with physicians and program staff, representing reduced medical expenses to patients of approximately $15,000.

Rabies immunization program activities for dogs and cats have been increased statewide and media support has been utilized extensively to make the public aware of this service. Since rabies in Alabama has historically been found in wildlife, a strong effort is being maintained to establish a highly immunized dog and cat population to reduce human exposure via these pets. Measures to control rabies in wildlife have not produced favorable results throughout the nation and have not been attempted in Alabama.

CHART 5-1
ALABAMA
1987 POSITIVE RABIES SPECIMENS

Raccoons	55
Bats	21
Skunks	3
Foxes	1
Cats	1
	81

Other zoonotic diseases

Additional zoonotic diseases encountered on a continuing basis are brucellosis, histoplasmosis, psittacosis, leptospirosis, visceral larva migrans, and a wide variety of other infectious and parasitic diseases transmissible to man.

24-hour hotline service continues

A 24-hour hotline is provided to physicians, hospitals, and the general public for consultation on zoonotic diseases and this service is available and staffed seven days a week.

Division of Family Health Services

Maternal and Child Health Services Branch

PROGRAM GOALS: To reduce the incidence of maternal and infant mortality and the incidence of handicapping conditions through improved access to quality prenatal care and the provision of quality comprehensive diagnostic and preventive child health maintenance programs for all infants and children, especially those born to low-income families.

Alabama continues to battle high infant mortality rate

In 1986, Alabama had the worst infant mortality rate of any state in the nation—13.3 per 1,000 live births. A major reason for the state's high infant mortality rate is the fact that Alabama's low-income women and children do not receive adequate health care.

The Maternal and Child Health Branch within the Division of Family Health Services provides programmatic and administrative support for public health clinics in the 67 counties and a variety of special projects. The Maternal and Child Health Program is targeted at women of childbearing age and children who are below 150 percent of the national level of poverty; however, monitoring the health status and needs of the general population is required in order to direct limited resources to areas of greatest need and to areas with the greatest potential for impact.

CHART 6-1

TABLE 6-1
FISCAL YEAR 1987 MATERNITY STATISTICS
STATEWIDE

Area	Patients Served		Patient Visits		Race		Medicaid	Age Groups				Trimester of Preg. at Admission		
	New	Total	Total	Avg. Visits per Patient	White	Other	Eligibles	Under 18	18-19	20-34	35+	First	Second	Third
1	1,383	1,601	7,916	4.9	82%	18%	9%	20%	20%	57%	3%	31%	57%	12%
2	919	1,252	8,357	6.7	42%	58%	14%	19%	18%	59%	4%	27%	61%	12%
3	933	1,209	6,626	5.5	78%	22%	11%	21%	19%	57%	3%	41%	50%	9%
4	1,477	1,909	10,898	5.7	69%	31%	6%	26%	21%	51%	2%	23%	64%	13%
5	3,737	4,758	23,558	5.0	28%	72%	19%	18%	18%	61%	3%	26%	59%	15%
6	1,647	2,117	9,384	4.4	30%	70%	18%	19%	16%	61%	4%	38%	54%	8%
7	1,659	2,449	15,902	6.5	38%	62%	10%	18%	17%	62%	3%	84%	14%	2%
8	3,640	4,877	26,900	5.5	28%	72%	14%	19%	17%	63%	1%	40%	50%	10%
State	15,395	20,172	109,541	5.4	41%	59%	13%	19%	18%	60%	3%	39%	51%	10%

1987 Initiatives

During 1987, there was unprecedented interest in Alabama in the reduction of infant mortality. Steps taken to improve the availability and content of maternal and child health services include the following:

- An Infant Mortality Task Force was established by Governor Guy Hunt to develop a comprehensive plan for the resolution of Alabama's infant mortality problem.
- Maternal and Child Health staff worked with the Governor's Office to plan an Infant Mortality Conference scheduled for January 28, 1988, for business leaders in Alabama.
- Special legislative sub-committees (House and Senate) were established during the fall of 1987 which prioritized infant mortality as one of their major issues.
- The first state funds were allocated for Maternal and Child Health programs in 1987.
- Alabama's newborn screening law was amended in August 1987 to include sickle cell and other hemoglobinopathies.

Of the approximately 59,000 births registered in Alabama in 1987, the department's Maternal and Child Health Program provided maternity services to 20,172 low-income pregnant women through the county health departments. It also administered child health services to 72,752 low-income children in Well Child Clinics and 32,588 Medicaid-eligible in Early and Periodic Screening, Diagnosis and Treatment (EPSDT) clinics. Additional specialized services were offered through special Maternal and Child Health projects.

- Department policy established that prenatal and child health care be available in each county health department every day.
- It was mandated that each county health department screen a minimum of 50 percent of the children eligible for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program each month.
- The number of physicians providing maternal and child health care were increased within the Department of Public Health by 10 with mandates for specific minimum daily patient case load.
- A toll-free telephone line (Storkline) was established which provides free obstetrical resource information to women in need of prenatal care and/or delivery services.
- A perinatal epidemiologist was assigned to Alabama for a three-month period to broaden the state's perinatal data base (birth-death cohort).
- Two federal grants were awarded to the state Health Department during the first quarter of Fiscal Year 1988— 1) support for the perinatal system of care in a four-county area, and 2) support for the development of a curriculum for the prevention of teenage pregnancy.
- An Appalachian Regional Commission Proposal was submitted in November 1987 to secure funding to expand state Health Department staff or to use as match dollars for Medicaid.
- A Robert Wood Johnson Foundation Proposal was submitted in December 1987 to secure funding to hire 13 Perinatal Coordinators.
- The Maternal and Child Health Advisory Council became a clearinghouse for information regarding women's and children's health in Alabama.
- A Committee On Infant Mortality was established comprised of five health professional organizations which provides financial support to a full-time lobbyist who works for increased funding for programs to reduce infant mortality.
- The *Alabama Journal* published a special series of articles and a special supplement, "A Death In The Family, Alabama's Infant Mortality Crisis "
- Maternal and Child Health staff promoted the implementation of the federal Sixth Omnibus Budget Reconciliation Act scheduled for July 1, 1988, which will expand Medicaid eligibility to serve pregnant women who are 100% of the federal poverty level.
- Maternal and Child Health staff negotiated with the Alabama Medicaid Agency to increase reimbursements for maternity, family planning, and EPSDT services.

Maternal and Child Health Program

The Maternal and Child Health Program is administered by the Division of Family Health Services and is funded by the Department of Health and Human Services and through state appropriations.

In Fiscal Year 1987, the Maternal and Child Health Program, through local health departments, provided maternity services to 20,172 low-income pregnant women; child health services to 72,752 low-income children in Well Child clinics; and 32,588 Medicaid-eligible in Early and Periodic Screening, Diagnosis and Treatment (EPSDT) clinics. Other specialized services were offered to infants, children and/or families through special Maternal and Child Health projects.

TABLE 6-2
FISCAL YEAR 1987 WELL CHILD
STATEWIDE

Area	Patients Served		Total Visits	Race		Sex		Age Groups				Percent of In Need Met
	New	Total		White	Other	Male	Female	Under 1	1-2	Under 6	Over 5	
1	2,323	4,879	10,166	73%	27%	50%	50%	40%	27%	86%	14%	7%
2	1,847	4,362	7,858	33%	67%	52%	48%	38%	41%	98%	2%	15%
3	1,684	3,393	7,409	76%	24%	51%	49%	56%	32%	99%	1%	14%
4	2,998	6,011	12,208	56%	44%	49%	51%	51%	31%	97%	3%	11%
5	5,610	10,909	21,545	32%	68%	49%	51%	49%	32%	95%	5%	10%
6	4,405	7,149	11,834	30%	70%	51%	49%	51%	35%	99%	< 1%	12%
7	2,494	3,847	8,095	33%	67%	44%	56%	45%	17%	75%	25%	11%
8	**	32,202	76,155	**	**	**	**	23%	11%	**	**	66%
State	21,361*	72,752	155,270	44%*	56%*	50%*	50%*	37%	22%	94%*	6%*	16%

NOTE: *Does not include Jefferson County
NOTE: **Data not available for Jefferson County

TABLE 6-3
FISCAL YEAR 1987 EPSDT
STATEWIDE

Area	Patients Served	Total Visits	Patient Age Groups			Percent of Need Met
			Under 1	1-2	Over 2	
1	3,846	4,140	444	322	3,080	32%
2	2,280	2,656	549	363	1,368	26%
3	1,404	1,592	265	158	981	35%
4	3,849	4,247	644	370	2,835	32%
5	6,796	7,573	1,109	739	4,948	25%
6	8,083	9,217	1,432	905	5,746	41%
7	938	1,175	366	97	475	6%
8	5,392	6,079	1,238	660	3,494	27%
State	32,588	36,679	6,047	3,614	22,927	27%

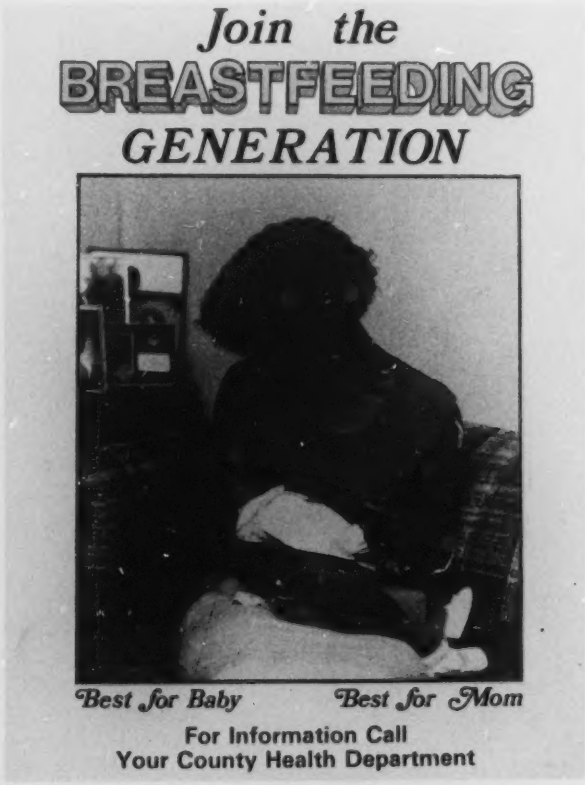
Perinatal Program

The Perinatal Program is administered by the Division of Family Health Services and is funded through an appropriation from the state Special Education Trust Fund.

The goal of the Perinatal Program is to assure that pregnant women and their infants receive appropriate levels of care through the implementation of the comprehensive regionalized perinatal system.

Perinatal Program services are delivered through a variety of public and private providers. During Fiscal Year 1987, 20 statewide perinatal projects were operational, providing such services as prenatal care and delivery, hospital inpatient care, specialized testing at Complications Clinics, transportation, high risk infant follow-up and outreach education.

The program receives guidance from the State Perinatal Advisory Committee and six Regional Perinatal Advisory Committees.



Because of the many proven benefits of breastfeeding, in 1987 the Health Department began a campaign to promote nursing among a new generation of parents. Information on breastfeeding is provided at county health departments and through Storkline, the department's toll-free telephone line that was established this year to give information on maternal and infant health care.

WIC and Reproductive Health Branch

WIC

PROGRAM GOALS: To provide supplemental foods, nutrition education, counseling, and integrated health care referral and follow-up to low-income pregnant, postpartum, and breastfeeding women, infants, and children to their fifth birthday.

WIC works to increase nutrition awareness

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is administered by the Division of Family Health Services, and is funded by the United States Department of Agriculture (USDA).

The WIC Program in Alabama provided supplemental food to 140,970 individuals during Fiscal Year 1987. There were 41,318 women, 41,456 infants, and 62,146 children served.

The program objectives for Fiscal Year 1988 include:

- To serve 50% of the in-need population monthly.
- To serve 60% of priority one, pregnant and breastfeeding women in-need.
- To serve 90% of priority one and two, infants in-need monthly.
- To increase secondary nutrition education contacts to 50% of actual caseload.

TABLE 6-4
WIC PATIENT CHARACTERISTICS
FISCAL YEAR 1987

Participants:	
Women	28%
Infants	28%
Children	44%

Race:		Sex:	
White	41%	Male	36%
Other	59%	Female	64%

Age Groups:	
Under 6 months	26%
6-12 months	2%
1-2 yrs	19%
2-3 yrs	11%
3-4 yrs	8%
4-5 yrs	6%
5-18 yrs	4%
18+ yrs	24%

Medicaid Eligible:	
Yes	11%
No	89%

TABLE 6-5
WIC
TOTAL PARTICIPANTS DURING FISCAL YEAR 1987
STATEWIDE

Area	Women	Infants	Children	Total
1	5,551	6,004	8,504	20,059
2	2,316	2,342	3,107	7,765
3	2,378	2,326	3,661	8,365
4	4,922	4,985	6,235	16,142
5	9,564	9,595	14,582	33,741
6	5,508	5,539	10,982	22,029
7	4,485	4,081	4,713	13,279
8	6,644	6,584	10,362	23,590
State	41,368	41,456	62,146	144,970

Reproductive Health

PROGRAM GOALS: To provide voluntary family planning services, supplies, and counseling to persons who would not otherwise have access to them, with programs targeted to low-income persons, ages 14-44.

Family Planning Program

The statewide Family Planning Program continued its preventive and screening services during Fiscal Year 1987 with its patients receiving many primary health services in the program's clinics in each of the counties throughout the state.

Many factors contribute to a comprehensive family planning program. Some of these factors are improved health by spacing of pregnancies, early detection of health problems, and prevention of unwanted pregnancies. These factors reflect the total health of the individual, and the diagnostic services of the program enhance the concept of primary care of the patients.

Comprehensive family planning services represent an attempt to deal with health, social, and economic problems associated at least in part with the occurrence of unwanted and mistimed pregnancies in Alabama.

For many poor women in Alabama entry into a system of health care begins in the family planning clinic. Screening and referrals for problems as well as health education and counseling are components of family planning clinic services in addition to a physical examination; related laboratory tests such as Pap Smears and sexually transmitted disease testing; and the provision of contraceptive supplies. These services enable women to space and/or prevent pregnancies and to achieve improved health through the prevention of high-risk pregnancy, early detection of breast and cervical cancer, sexually transmitted disease, hypertension, and other problem conditions.

During Fiscal Year 1987 a total of 83,372 unduplicated patients were provided medical family planning services. These patients made a total of 147,462 clinic visits. Over 93% of all patients served were below 150% of the federal poverty level. This represents 36% of the targeted in-need population being served during Fiscal Year 1987.

During Fiscal Year 1987 the following medical services were provided family planning patients:

69,853 Pap Smears
76,455 Bi-manual Pelvic Examinations
68,077 Breast Examinations
132,811 Blood Pressure Determinations
6,682 Pregnancy Tests
63,394 Urinalysis Tests
60,225 Blood Tests for Hematocrit/Hemoglobin
6,693 Sickle Cell Tests
107,271 Sexually Transmitted Disease Tests

Teenage pregnancy problem continues

Teenage pregnancy continues to be a major problem in Alabama and the nation. Half of all teenage pregnancies occur within the first six months after sexual activity begins. Unfortunately, most teenagers wait at least nine months before seeking contraceptive advice. Alabama continues to rank third in the nation in the number of teen pregnancies. An unwanted pregnancy can force a teen into a situation where she has to begin teaching another person about life before she has had a chance to experience it for herself.

Family planning program offers substantial savings

Studies have shown that for every dollar spent in family planning there are over two dollars saved the next year in other health and welfare costs. For adolescents the savings are even greater—three dollars saved for each dollar spent.

Family Planning's commitment continues to be based on three fundamental premises: that all persons should be able to determine freely the number and spacing of their children; that the timing and spacing of births is directly related to the health of mothers and children; and that the availability of family planning services to low-income persons can be instrumental in preventing or alleviating poverty and dependency.

TABLE 6-6
FISCAL YEAR 1987 FAMILY PLANNING
PATIENT CHARACTERISTICS

Age Groups:	
Under 15	2%
15-19	30%
20-24	36%
25-29	20%
30-44	12%
45+	< 1%

Contraceptive Method at Most Recent Visit:	
Pill	83%
IUD	1%
Diaphragm	<1%
Foam/Condom	8%
Sterilization	1%
Natural	0.1%
Other	<1%
None	5%

Financial Coverage:	
Free	66%
Patient Fee	21%
Medicaid	13%

Parity:	
None	46%
1	30%
2	16%
3+	8%

Poverty Status:	
≤ 100%	80%
101-150%	13%
151-200%	5%
201-250%	2%
≥ 250%	0.2%

Race:	
White	43%
Other	57%

TABLE 6-7
FISCAL YEAR 1987 FAMILY PLANNING
STATEWIDE

Area	Patients Served		Total Visits	Avg. Visits per Patient	Percent of In Need Served	Race		Economic Status			Pt. Retention Rate
	New	Total				White	Other	<100%	<150%	Medicaid	
1	4,908	13,569	21,906	1.61	34%	74%	26%	71%	86%	6%	67%
2	1,657	5,027	9,194	1.83	32%	37%	63%	81%	92%	16%	70%
3	1,746	6,117	11,786	1.93	48%	78%	22%	74%	88%	8%	69%
4	3,663	9,494	15,063	1.59	33%	58%	42%	74%	87%	8%	62%
5	5,202	17,058	33,655	1.97	34%	35%	65%	81%	92%	12%	64%
6	3,755	10,485	16,332	1.56	44%	27%	73%	82%	93%	15%	69%
7	2,816	6,086	10,637	1.75	29%	23%	77%	99%	100%	23%	56%
8	3,430	15,536	28,889	1.86	43%	23%	77%	82%	94%	20%	79%
State	27,177	83,372	147,462	1.77	36%	43%	57%	80%	91%	13%	68%

Cancer Detection

PROGRAM GOALS: To provide cancer screening and follow-up services targeted for women 35 years of age and older who are below 150 percent of poverty.

Funding limits services to 7 percent of in-need population

During Fiscal Year 1987 the Cancer Detection Program continued its screening of asymptomatic females age 35 and older for the detection of cervical and breast cancer. All patients having abnormal test results are referred to private physicians or other medical facilities for appropriate diagnostic evaluation, treatment, and follow-up.

A total of 18,116 women made 19,585 visits to county health department cancer detection clinics during Fiscal Year 1987. Each of the 67 county health departments currently have a cancer detection program.

Due to the limited funding available, the Cancer Detection Program is only able to meet 7 percent of the targeted in-need population in our state. As the cure rates for cervical and breast cancers are very high when detected early, it is essential that we continue to expand screening services such as are provided through the Cancer Detection Program.

TABLE 6-8
FISCAL YEAR 1987 CANCER DETECTION STATISTICS
STATEWIDE

Area	Patients Served	Total Visits	Race		Age Groups			Percent of Need Met
			White	Other	Under 35	35-54	55+	
1	3,347	3,617	87%	13%	47%	29%	24%	7%
2	899	973	68%	32%	38%	29%	33%	5%
3	1,598	1,782	83%	17%	43%	31%	26%	10%
4	3,610	3,819	74%	26%	30%	30%	40%	10%
5	4,519	4,742	59%	41%	30%	29%	41%	8%
6	3,482	3,971	40%	60%	45%	27%	28%	11%
7	291	302	41%	59%	48%	41%	11%	1%
8	370	379	26%	74%	62%	29%	9%	1%
State	18,116	19,585	65%	35%	38%	29%	33%	7%

Division of Long Term Care

PROGRAM GOALS: To identify, plan, implement, and evaluate public health programs for individuals eligible for home health services through Medicare, Medicaid, or Disease and Disability with chronic diseases and rehabilitation needs and for those who need specific geriatric services to increase or enhance their quality of life and to maintain them in their home setting; and to provide care for the terminally ill and assistance to their families.

Home Health Services continue to grow

The Alabama Department of Public Health has provided home health services since the early 1900s and was the pioneer in developing Medicare home health services in 1965 in Alabama. The Division of Long Term Care is now the parent agency for home health services with 62 sub-units throughout the state.

In 1987 the department's Home Health Program served 10,028 patients with 310,790 visits by public health nurses, home health aides, and physical therapists. An additional 1,211 patients were served in Jefferson County and 50,743 visits made there.

Participation in Medicaid Home and Community-based Waiver Program increases

In 1987 the Division of Long Term Care continued to be actively involved in the development, coordination, and implementation of services under the Medicaid Home and Community-Based Waiver Program. The goal of this

program is to waive entry into health care institutions whenever possible by providing home health care in the community. The program is an efficient, cost-effective method of providing needed services and one preferred by the vast majority of recipients.

Formal contractual arrangements have been negotiated with the Department of Human Resources and the Alabama Commission on Aging (Area Agencies) for the provision of health, social, and related services to individuals who otherwise would require intermediate or skilled level institutionalization. Services are provided in a manner to ensure optimal care within the community environment. Public health nurses and ancillary staff are responsible at the local level for the provision of waivered services. Training, policy and procedure manuals, quality assurance, continuing education, and supervision are continuously provided to staff working in the program. Services are less than 24 hours in duration, provided on an as-needed basis to the individual recipient and include the following: case management services, homemaker services, personal care services and respite care services—skilled and unskilled.

HOME HEALTH BRANCH
COST REPORT DATA
FISCAL YEAR 1987

Program	Unduplicated Patients	Skilled Nursing Care	Physical Therapy	Speech Therapy	Occupational Therapy	Medical Social Service	Home Health Aide	Total
Medicare A[1]	6,208	66,693	6,455	311	149		83,096	156,704
Medicare B[1]	236	2,795	155			2	3,933	6,885
Medicaid[2]	2,197	12,672					84,909	97,581
Disease and Disability[2]	1,387	16,051	589	3			24,013	40,656
Medicare Technical/Denied[3]		209	65				1,089	1,363
Medicare-Denied County Liable[3]		297	13	1		1		312
Medicare No Charge Service[2]		4,147						4,147
Medicaid No Charge Service[2]		3,142						3,142
Totals	10,028	106,006	7,277	315	149	3	197,040	310,790

Source: 1. Data Print-out (Program PNH 19100) Run Date 12-31-87 and Manual Count of Non-Processed Claims and Adjustments as of 01-12-88.
2. Data Print-out, Monthly Activity Report (A-3) Home Health Section (030) Run Date 12-07-87.
3. Data Print-out (Program PNH 11255) Run Date 12-28-87 and Home Health Branch Manual Documentation made when Denials are received via telephone from Intermediary.

COUNTY HEALTH DEPARTMENT PARTICIPATION
IN THE MEDICAID HOME AND COMMUNITY—BASED WAIVER PROGRAM

Master Contract with Department of Human Resources
(As of October 1987)

	Number	Percentage
A. Counties providing Waivered Services	33	49%
B. Counties providing Personal Care Services	32	48%
*C. Counties providing Homemaker Services	19	28%
D. Counties providing Respite-Unskilled Services	22	33%
E. Counties providing Respite-Skilled Services	17	25%
*F. Counties providing Case Management Services	3	4%

*Case Management Services and Homemaker Services are approved on a limited basis by the Department of Human Resources.

Contracts with Alabama Commission on Aging
(Area Agencies on Aging)
As of October 1987

	Number	Percentage
A. Counties providing Waiver Services	33	49%
B. Counties providing Personal Care Services	33	49%
C. Counties providing Homemaker Services	29	43%
D. Counties providing Respite-Unskilled Services	29	43%
E. Counties providing Respite-Skilled Services	23	34%
*F. Counties providing Case Management Services	0	0%

*Case Management Services are provided by the Area Agencies on Aging.

Participation in the Waiver program by county health departments has increased since October.

Quality assurance program works to improve care

A major objective of the Division of Long Term Care has been to assist the county health department subunits in providing quality home health services in a cost-efficient manner. Quality assurance program implementation activities in 1987 included the following:

- Onsite visits to approximately 20 counties were made to evaluate the quality of care being delivered to health patients.
- A quality assurance manual was printed and quality assurance tools were developed to measure competency levels, patient satisfaction, and productivity ratings.

Numerous activities develop and expand home health services and training

- The Division of Long Term Care was involved in developing the Medical Social Services component in Home Health through a contract with a medical social worker. With the expiration of this contract a full-time medical social worker will be appointed to provide direction and assistance to area personnel.
- A contract with Auburn University at Montgomery faculty was initiated to study long term care resources and provide direction in planning to the division. This study is nearing completion and will be of tremendous value in assisting the division in defining its role and responsibility to the elderly citizens of Alabama.
- The division developed and organized an advisory council for the homemaker/home health aide to promote education of these valuable health workers. Leadership from this group will assist staff in the application process for national accredition. The training and supervision of homemaker/home health aides is vital to the well-being of home health patients.

The state departments of education and health signed an historic agreement to develop a cooperative program that will provide for homemaker/home health aide training. With the ever-rising cost of health care, increasing the numbers of qualified home health care personnel is essential to seeing that as many individuals as possible can be cared for properly at home and avoid institutionalization.

- A nationally known CPA firm was contracted for assistance in home health cost funding, allocation and apportionment. Work included revising the Fiscal Year 1986 cost report and reopening the 1985 and 1984 Fiscal Year cost reports to add additional costs. If accepted, these reports will bring additional home health revenues into the department.

- Application was made to the National HomeCaring Council, Foundation for Hospice and Home Care, for accreditation of the division's Homemaker/Home Health Aide Program education and service.
- A contract was negotiated with Blue Cross and Blue Shield (BC/BS) to provide home care to BC/BS enrollees with a home health benefit.
- A grant of $38,000 was received from the U.S. Public Health Service for an Advanced Homemaker/Home Health Aide Training Program. One hundred forty-two aides completed the course: 83 of these were department home health aides and 59 were homemaker aides from the Department of Human Resources.
- Through a cooperative agreement with the Department of Education, Basic Aide Education was offered in Marengo, Pickens, and Walker counties. The students received 60 hours of classroom instruction and 20 hours of clinical experience. Upon the completion of the program, the students receive a state certificate. Approximately 60 students received this training.
- Through a cooperative agreement with the Department of Education, Basic Aide Education was offered in Marengo, Pickens, and Walker counties. The students received 60 hours of classroom instruction and 20 hours of clinical experience. Upon the completion of the program, the students receive a state certificate. Approximately 60 students received this training.
- Sparks Technical College in Eufaula signed an agreement with the Division of Long Term Care to provide a basic aide educational program. This program is part of the programs offered to students in this area and is offered on the college's quarterly system. They have given state certification to 12 students.
- Two programs were presented to division staff aides in 1987. One program was on dental care and the second program was on AIDS. Approximately 246 aides attended.
- Public exhibits on home health were provided throughout the year at workshops and health fairs.
- The staff of the Division of Long Term Care monitored the department's 1-800 number on a 24-hour, seven days a week coverage basis to provide information on home health services.
- The director of the Home Health Services Branch was appointed to and served on the newly created Official Agency Task Force of the National Association for Home Care.
- The division continued to interface with other organizations and agencies to promote needed services to the citizens of this state.

Dental Health Branch

PROGRAM GOALS: To reduce the incidence and prevalence of oral diseases by providing clinical services to underserved groups; promoting preventive dental techniques through various educational, technical, and financial assistance programs; and studying oral diseases through dental surveys.

Fluoridation Efforts

The thrust of dental public health has consistently been prevention toward dental disease prior to its inception, and thereby reduce long term costs. The Dental Health Branch has actively promoted fluoridation of water supplies, school-based fluoride mouthrinse programs, sealant usage, and has provided educational workshops and materials, and financial and technical assistance as needed.

Fluoridation status in 1987

2,996,372 Persons in Alabama received the benefits of fluoridated water. This is 81.8% of the number of persons on public water supplies in Alabama.

154,000 Additional persons received the benefits of fluoridated water in 1987.

Fluoride mouthrinse in 1987

122,884 Children and

1,775 Teachers received fluoride mouthrinse programs. This is a 16.3% increase over 1986. The fluoride mouthrinse program continues to be the most cost effective dental health measure after water fluoridation. It has been demonstrated to reduce dental decay 30 to 35% from weekly rinsing with the fluoride mouthrinse. The program utilizes a 0.2% solution of neutral sodium fluoride. Children grades K-6 rinse for 60 seconds once each week for 32 weeks.

TABLE 7-1
PARTICIPATION IN FLUORIDE MOUTHRINSE PROGRAM
1977-1987

Year	Teachers	Children	Total Participants
1977	26	500	526
1978	90	2,300	2,390
1979	387	8,908	9,295
1980	1,307	29,400	30,707
1981	2,575	57,718	60,293
1982	2,436	79,590	82,026
1983	3,510	106,400	109,910
1984	3,208	98,683	101,891
1985	2,676	89,569	92,245
1986	1,893	105,275	107,168
1987	1,775	122,884	124,659

Clinical services provided

Dental disease has been found to be the most prevalent disease among Alabama school children.

Dental clinical services were provided by the Alabama Department of Public Health in seven counties. The Dental Health Branch alone provided 831 visits in two different counties.

1987 Dental Health Branch clinical services included:

Examinations	637
X-rays	107
Prophylaxis	247
Patient Education	336
Sealants	868
Amalgam Fillings	340
Composit Fillings	17
Perio Treatments	21
Extractions	37
Patients Completed	625

Dental Health educational activities

During 1987, 25,335 children and 758 teachers have benefited from the Alabama Smile Keeper dental health education program and 23,843 pieces of educational materials were distributed. Significant progress was made this year when 15 county, city, and private school systems requested the ASK program. Through teacher dental health workshops and classroom plaque-control sessions serving kindergarten through six grade, the major objective has been to educate and to motivate individuals to reduce the incidence of oral disease. The Dental Health Branch strives to maintain excellence in quality of all educational programs presented.

Another 4,987 persons were reached through other programs for colleges, camps, area vocational schools, nursing homes and local health departments, and Head Start centers. A combined total of 31,080 received dental health educational programs during 1987.

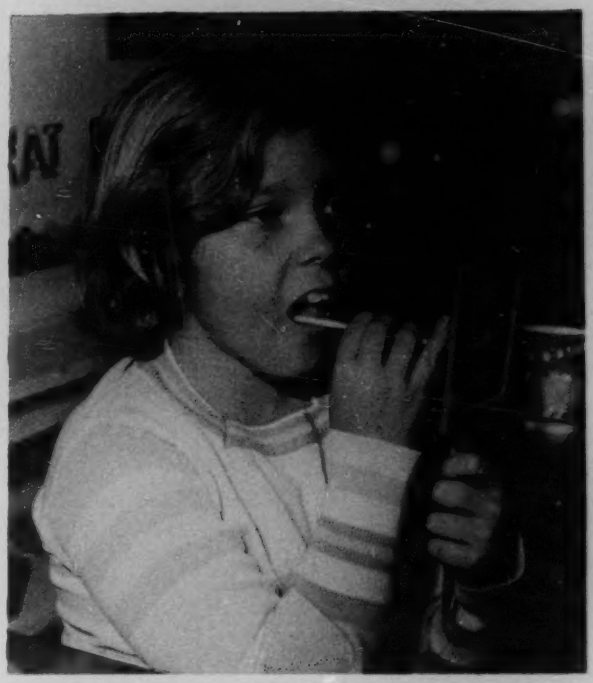
Oral cancer risk from tobacco products addressed

In February, after extensive research into the oral cancer risk from tobacco products, the Dental Health Branch initiated a pilot tobacco abuse program in 21 Alabama schools. A total of 9,424 students in grades five through twelve benefited from the program. It was specifically designed to address health risks associated with smokeless tobacco products and cigarette smoking. The program has been well received by students and faculty across the state.

The Centers for Disease Control released the results of a survey of 32 states on the use of smokeless tobacco and found Alabama to rank **second.** It was determined from data collected that 9.8% of Alabamians use smokeless tobacco.

According to the Surgeon General's Report on Smokeless Tobacco, there is a rapidly increasing use of smokeless tobacco products among the youth of our nation.

The Dental Health Branch plans more extensive programs to combat the social acceptability of smokeless tobacco and help redirect this increase in use.



Over 25,335 children and 758 teachers during 1987 benefited from the Alabama Smile Keeper Program which is designed for school levels kindergarten through sixth grade. It is one of several dental health education programs developed and provided by the Dental Health Branch to educate and motivate various groups on the prevention of dental disease.

Nursing Branch

PROGRAM GOALS: To ensure ongoing educational opportunities for public health nurses in an effort to increase their knowledge base, thereby facilitating more effective involvement by the nurse in the clinical area as well as in the home, school, or other public health setting.

Focus is on quality, cost-effective care

The overall focus of the Public Health Nursing Branch is to develop and implement, on an ongoing basis, the standards of practice of public health nursing in an effort to ensure that the care that is provided to patients at the area and local level is both competent and cost-effective.

The branch is responsible for providing nursing consultative services to state, area, and local personnel as needed or as requested. Assistance with personnel recruitment including applicant screening will be provided as requested by state, area, and local staff. Efforts are coordinated with the Division of Personnel and Training Services to determine specificity of local needs and the allocation of job descriptions to meet identified needs.

Statewide Nursing and Ancillary Personnel

Status as of December 31, 1987

Merit System:

550	Registered Nurses
52	Nurse Practitioners
18	Licensed Practical Nurses
313	Home Health Aides
933	Total

Contract:

101	Registered Nurses
2	Licensed Practical Nurses
188	Home Health Aides
291	Total

Educational Preparation of Nursing Personnel in 1987 Compared with 1986:

	1986	1987
Diploma/Associate Degree	399	359
Baccalaureate Degree	154	165
Master's Degree	30	26

Personnel Actions Involving Public Health Nurses Statewide

Promotions: 30

15	Nurse I to Nurse II
11	Nurse II to Nurse III
3	Nurse III to Nurse IV
1	Nurse II to Nurse Practitioner
67	Resignations
10	Retirements
2	Voluntary Demotions
11	Layoffs
23	Transfers within department
2	Transfers to another department
1	Separation by death
1	Expiration of temporary appointment
82	Total Employed

30 Nurse I	0 Nurse VI
34 Nurse II	7 Nurse Practitioner
0 Nurse III	2 Licensure & Certification Nurse
0 Nurse IV	
9 Nurse V	

The Public Health Nursing Branch reviewed applications for 50% of the total public health nurses employed in 1987.

Educational Offerings for 1987

There were three series of public health nursing staff development programs held at 15 sites statewide. The following is a breakdown of these programs:

Winter (January-February, 1987)

A.M. Session: Discussion of the PHN Standards of Practice with interpretation and assistance in implementing them into practice.

P.M. Session: Public health nurses experienced in health department tuberculosis clinics presented the afternoon session. This session included a demonstration and discussion of aerosol sputum collection and tuberculosis skin testing. Winter Session Total Attendance: 382 public health nurses.

Spring (May-June 1987)

Members of the UAB Diabetes Hospital worked in conjunction with the Public Health Nursing Branch in presenting this update on diabetes. The session included the most recent information regarding diagnosis, treatment, and nursing intervention relating to complications of the disease. Spring Session Total Attendance: 344 public health nurses.

Fall (August-November 1987)

A.M. Session: A review of current services available at the state laboratory was conducted by Dr. Jim Holston of the state laboratory. The public health nurse's role in obtaining specimens for testing and interpretation of results were discussed. AIDS testing was included in this session.

P.M. Session: An AIDS update was conducted by Dr. Donald Williamson of the Division of Disease Control. The update included information on pathogenesis, diagnosis, treatment, and scope of the AIDS epidemic. Fall Session Total Attendance: 327 public health nurses.

An additional public health nursing staff development program series was begun in 1987 and will continue into 1988 regarding Pre- and Post HIV Antibody test counseling. Each public health area had an initial workshop in the month of November; beginning in December and continuing through February of 1988 the workshop will be offered to public health nurses who did not attend the initial session. Total Attendance: Not compiled.

PHN State Orientation Program

Two week-long sessions were conducted for the public health nursing orientation. The first session held in March for newly employed public health nurses was geared toward a review of the state health department organizational structure. The second session held in September was geared for the associate degree/diploma nurse. This session, conducted by faculty of the Community Health Nursing Division of UAB School of Nursing, was designed to increase

the competencies of public health nurses through analysis and application of public health principles and promote utilization of the nursing process in maintenance and restoration of optimum health for Alabama's citizens. Total Attendance: First Session: 17 public health nurses; Second Session: 14 public health nurses.

Arterial Puncture for Blood Gas Analysis Workshop

Mr. David Trott, State Director of Cardiopulmonary Services for Home Care Technology, presented this workshop twice in August to certify public health nurses to perform this procedure. Total Attendance: First Session: 12 public health nurses; Second Session: 16 public health nurses.

Public Health Nurse in the Maternity Program

A program was conducted for public health nurses by the UAB School of Nursing in February and March. Attendees will serve as facilitators in presenting future maternity educational workshops. The session was videotaped for each public health area. Total Attendance: 14 public health nurses.

Health Assessment of the Adult Patient Workshop

UAB School of Nursing provided two five-day sessions for public health nurses on health assessment of the adult patient in March and in July. Total Attendance: First Session: 5 public health nurses; Second Session: 14 public health nurses.

Health Assessment of the Child Workshop

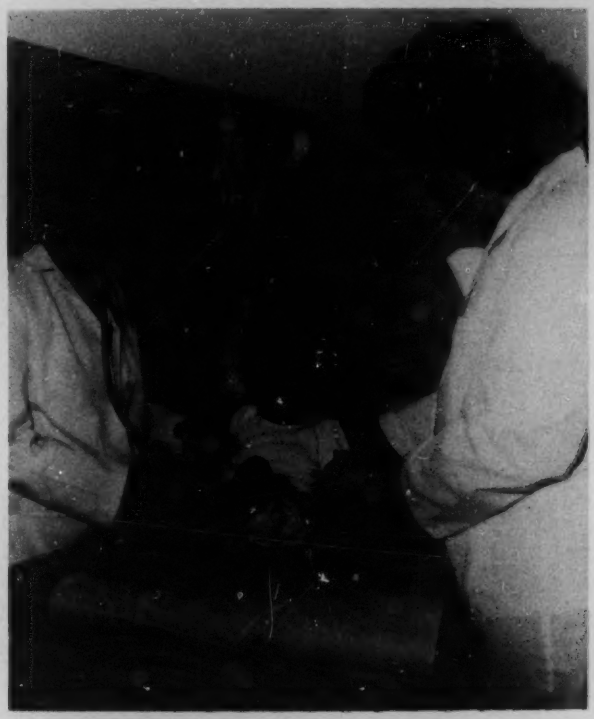
The UAB School of Nursing provided a three-day workshop in April for public health nurses on health assessment of the child patient. Total Attendance: 14 public health nurses.

Tuberculosis Seminars

The Public Health Nursing Branch worked in conjunction with the Tuberculosis Control Branch in providing four two-day seminars for public health workers involved in tuberculosis care. Topics included transmission, pathogenesis, and infectiousness of tuberculosis; diagnosis, principles of therapy and preventive therapy; and tuberculosis and AIDS. The second day was geared to a review of the Tuberculosis Control Program Guidelines. Total Attendance: 85 of the total attendants were public health nurses.

Overview of the Alabama Department of Public Health for Birmingham Southern College, Division of Community Health Nursing Students

The Public Health Nursing Branch coordinated an overview of the Alabama Department of Public Health for seven nursing students from Birmingham Southern College in April. Staff from the Public Health Nursing Branch, Division of Long Term Care, Division of Environmental Health, Bureau of Clinical Laboratories, and Dr. Fox's office presented this overview.



To ensure that patient care at the area and local level is both competent and cost-effective, the Public Health Nursing Branch regularly reviews, updates, and implements the standards of practice of public health nursing.

Other activities

- Agreements with five schools of nursing were developed during 1987 for student experience as a part of public health nursing curricula.
- Due to increasing instances of worksite injuries relating to needlesticks throughout the state, guidelines for needlestick injuries were developed by the Public Health Nursing Branch and distributed to appropriate county personnel.
- The Integrated Core Services Team recommended to all public health areas that clinic aides be utilized in order to maximize the performance of public health nurses; therefore, guidelines for utilization of clinic aides were developed and distributed by the Public Health Nursing Branch in order to provide clarity regarding the recommended performance by the clinic aide.
- Due to an increase of AIDS cases in Alabama, the Public Health Nursing Branch developed policies for protection of the public health worker from the acquisition of HIV. These policies were developed in conjunction with the Division of Disease Control.

These policies were distributed at the fall public health nursing staff development session.

- As a result of a recommendation made by the Alabama Management Improvement Program to develop staffing criteria for the integrated clinics that could be utilized to evaluate clinical performance as well as to determine the required full-time equivalents to staff clinics based on level of clinic activity, the Public Health Nursing Branch developed a public health nursing clinic survey to be completed by nurses working in clinics only. Once the average time factors are tabulated, a statewide average will be obtained and weighted based on specific variables.
- The Public Health Nursing Branch worked with McGinnis & Associates Insurance Company in Chicago to implement a plan to cover public health nurses under a malpractice liability policy. The branch obtained this insurance as a fringe benefit for all public health nurses.

Primary Health Care Services Branch

PROGRAM GOALS: To develop a statewide program to deliver comprehensive primary care services by a community-based service delivery model for those residents of Alabama who lack adequate access to quality health care due to financial and/or geographic barriers.

Populations at risk for inadequate health services

The Primary Health Care Services Branch functions in a federal/state partnership to increase primary care services to Alabama's underserved and high risk populations. Those populations are defined as women, infants, children, elderly, and indigents without access to health care due to geographic and/or financial barriers. In addition, those populations with the new morbidities of AIDS, substance abuse, and homelessness are also considered as populations at risk. Through a Cooperative Agreement between the Public Health Service (PHS) the Alabama Primary Health Care Association (APHCA) and the Alabama Department of Public Health (ADPH), the department assumes the primary responsibility of coordinating interagency resources, providing technical assistance, and manpower clearinghouse functions with the former agencies providing consultation and subcontracts.

Addressing NHSC physician decline

The Primary Health Care Services Branch had the initial charge of serving a manpower clearinghouse function. Since 1984, the state has recruited and placed 140 National Health Service Corps (NHSC) physicians in Health Manpower Shortage Areas (HMSA). Most recently for Fiscal Year 1987 the branch recruited 29 NHSC—obligated physicians in the specialties of family practice, internal medicine, pediatrics, obstetrics-gynecology, and psychiatry. The numbers of NHSC physicians are declining, and physician resources for placement in Community Health Centers (CHCs) will be dependent upon volunteer physicians. In addition, the branch was instrumental in developing HMSA Priority Opportunity Listings (HPOL) which prioritizes obligated NHSC physician placement.

Finding ways to provide medical care for people in rural and impoverished homes such as this one is one of the jobs of the Primary Health Care Services Branch.

Emphasis on coordination of agency resources

As the numbers of obligated NHSC physicians declined, primary emphasis for the branch has been coordination of program resources between agencies based on the state's prioritization of health issues. Those mutual issues addressed by the Health Department, the Public Health Service, and the Alabama Primary Health Care Association were perinatal coordination, the elderly, funding options for poverty poulations, categorical programs, AIDS, and most recently substance abuse and health care for the homeless. Specific interagency activities which were either sponsored or cosponsored by the Health Department included perinatal resource determination in six areas for high and low risk prenatal services; obstetric-gynecologic diagnostic and treatment services; participation in a comprehensive ADPH/PHS Maternal and Child Health review; Perinatal Issues Forum; identification of primary care resources for children with acute care and chronic problems; evaluation of resource integration of categorical programs; Integrated Core Services Team; dental health initiatives; participation in elderly, homeless, and AIDS workshops; state representation on the Primary Care Task Force; Community Health Centers clinical management issues and forums; and identification of physician continuing education resources and mini-residencies.

Finally, the branch has been available to provide technical assistance to those NHSC physicians opting for a private practice and the development of primary care needs assessments for CHCs.

Plans for 1988 to further strengthen resources

For Fiscal Year 1988, the Primary Health Care Services Branch plans to continue facilitating coordination of resources for a perinatal referral network, prevention of categorical programs service duplication, an elderly network, AIDS network integration, reimbursement mechanisms for poverty population manpower recruitment and retention, and technical assistance.

Environmental and Health Service Standards Services The Key To Safer Communities

The area of environmental and health service standards includes some of the most striking illustrations of the earliest and most recent concerns and accomplishments of public health. The success of the first sanitation programs, for example, provided pivotal evidence that public health was a workable concept with an enormous potential to help mankind. Twentieth century developments, such as consumer protection and nuclear safety guidelines, have kept environmental and health service standards at the forefront of public health action.

Yet of all the public health services, those provided through the offices in this area are the ones we as members of a modern society take most for granted. Without the long and complex lists of rules and regulations and the thousands of inspections provided by this group of health care professionals throughout the state, we would not have the peace of mind we have when buying a carton of milk, having an X-ray taken, sending our children to school, staying in a hotel, or calling for emergency medical services.

County and Area Office Environmental and Health Service Standards Summary

Plans approved to develop environmental core services in each county

At its November meeting, the Alabama Committee of Public Health approved long range plans presented by State Health Officer Dr. Earl Fox to develop a program that will provide environmental core services to every county.

Assistant state health officers were asked to submit implementation plans by January 19, 1988, for providing environmental core services in each public health area. Services are to be fully implemented as soon as possible and no later than October 1, 1988. Additional training, consultation and technical assistance is to be provided by the central office staff.

Surveys were begun to determine what environmental services were being provided in each county, and what services were needed, both within and without the minimum service guidelines.

Along with delineating objectives, activities, and resources for the program, the system's coordinators were also asked to develop performance standards and design a defined evaluation mechanism using assessment guides by which central office staff will conduct periodic program reviews. It is hoped that larger local health units will set an example for smaller local units by exceeding the acceptable minimum requirement for activities and thus provide leadership in showing what other important environmental health programs can be accomplished when adequate funding become available.

In presenting the plans for the program, Dr. Fox said, "Not all counties will be able to implement a full-grown, vastly improved environmental health program overnight, but there must be development of a specific timetable by which all local health departments are to implement the required programs and achieve compliance with the program standards. In that way all Alabama residents will be assured that they will receive no less than what has been agreed upon statewide as a minimum level of environmental health services and protection."

Please note: The environmental services activity summary of the counties is included in the county health department activities chart on page 8.

Environmental Core Services

- Perform required activities regarding sampling, inspection, and enforcement for:
  - food service establishments.
  - retail food stores.
  - vending commissaries and machines.
  - food processors.

- prisons and jails.
- hotels and motels.
- resident and day camps.

- Assist in the investigation of food-borne and water-borne outbreaks.
- Sample public water supplies for fluoride.

- Permit solid waste management activities to:
  - issue certificates of exception for household solid waste.
  - issue permits for collection vehicles.
  - abate public health nuisances.
  - review solid waste disposal site plans.

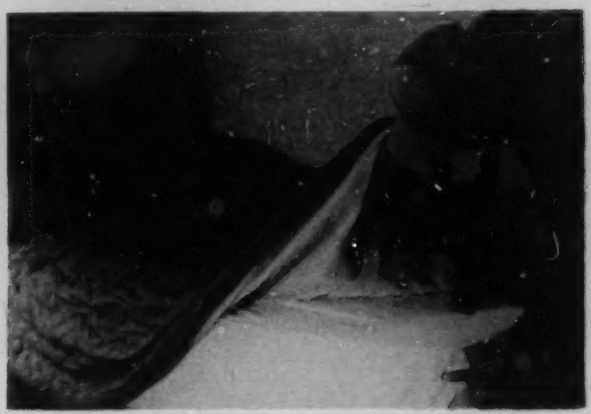
(continued on next page)

From the food we eat to the air we breathe . . .

. . . health department environmentalists identify environmental hazards through regular inspections, individual citizen requests, and in response to emergency situations that threaten entire communities. Their work includes ensuring compliance with health laws and developing procedures and programs that facilitate the detection and alleviation of environmental health problems.

Shown below are just a few of the health concerns that require the painstaking attention of health department environmentalists.

Wherever food is served to the public in Alabama, the department's inspection rating of that facility will be found posted in a prominent place. To assist food service industry personnel in meeting public safety regulations, the department provides industry training on the standards that help assure and enhance the quality of food.



Over 2,565 hotel inspections were conducted by the department during Fiscal Year 1987 as part of its work to reduce health hazards in public lodging facilities. As in other areas of the department's Inspection Branch, the Lodging Program has been decentralized to facilitate inspection activities.

As the nation's leading producer of tires, Alabama has serious problems with tire dumps creating mosquito breeding sites. The hundreds of complaints from residents near these dumps have prompted the Vector Control Section to draft regulations concerning the estimated 10,000 tire and other illegal dump sites to help combat the problems of the mosquitoes and rats associated with the sites. The regulations are to be presented to the State Board of Health for adoption in 1988.

Testing for a variety of indoor air pollutants is routinely provided by department personnel in both public and privately owned structures. Public health environmentalists also spend many hours annually educating interested groups and advising school administrators on how to deal with indoor air health hazards.

- review solid waste collection plans.

- Abate nuisances caused by vectors of public health importance including:
  - problem bird roost harassment and/or eradication.
  - mosquitoes, rats, bats, ticks, and fleas.
- Review and approve all new onsite sewage disposal systems in compliance with rules; observe and evaluate soils tests as needed.
- Issue permits for repairs of failing onsite systems; evaluate reasons for failures.
- Review subdivision reports and take appropriate actions (recommendations/approvals).
- Investigate and document complaints; abate unsanitary conditions.
- Inspect septic tank manufacturers and permit sewage tank pumpers.
- Conduct rabies control activities.
- Evaluate proposals for new cemeteries.

Bureau of Environmental and Health Service Standards

Division of Emergency Medical Services

PROGRAM GOALS: To facilitate improvements in the quality of prehospital care through the systematic testing, inspecting, and licensing of emergency medical service providers.

Initiatives to update, improve emergency medical services

- Preliminary planning and concensus development meetings were conducted with the Alabama Committee on Trauma, American College of Surgeons, revitalizing interest in establishing more meaningful trauma care systems throughout Alabama.
- In-depth study of competency criteria was implemented in an effort to better assure retention of knowledge and skills among both in-hospital physicians and emergency medical technicians (EMT's) working in the field. This subject is central to a long-standing controversy and continues to command considerable staff attention in an effort to gain earliest possible resolution.
- An EMS Legislation Workshop was conducted in November 1987 in which approximately 75 individuals representing all levels of EMS providers and interested parties were in attendance. Information was gathered for inclusion in draft proposals to establish adequate EMS funding and provide proper legal basis for EMS systems.

Injury greatly surpasses all major disease groups as a cause of prematurely lost years of life, because it is the preeminent cause of death among children and young adults. Each year, over 4 million years of future worklife are lost to injury. The impact of nonfatal injury is of similar proportions. To develop and implement a statewide trauma care plan which could have significant impact on death and morbidity due to trauma, Alabama must update its EMS legislation and establish adequate funding for the program.

- An update of the standardized, statewide emergency run report was drafted; a weighted, more objective ambulance service inspection checklist was drafted; evaluation checklists for regional medical control and accountability plans were developed; and site visit checklists for advanced life support provider units were implemented.
- Verapamil and Thiamine were added to the statewide physician medication order form. A project was developed and approval secured to permit EMT-Paramedics to perform intraosseous infusion under close physician supervision for infants and children under age six when normal peripheral IV's cannot be established and life-threatening emergencies exist.
- State technical committees were reconstituted, with the continuing education committee's membership bolstered through the addition of six emergency physicians.

Updated legislation and program funding urged

The most singular need within emergency medical services is updated EMS legislation and the establishment of adequate funding for the program. Legislation should address EMS systems rather than address ambulance operations only. Air ambulances should be included, provisions made for the regulation of prehospital administration and storage of fluids and drugs, and firm legal groundwork laid for the development of statewide trauma care systems.

Significant program potential to reduce trauma morbidity, death

Injury greatly surpasses all major disease groups as a cause of prematurely lost years of life, because it is the preeminent cause of death among children and young adults. Each year, over 4 million years of future worklife are lost to injury. The impact of nonfatal injury is of similar proportions. Heart disease claims 2.1 million years of future worklife annually, and 1.7 million worklife years are lost annually to cancer, as a matter of comparison. (Morb. Mort. Weekly Rep. 31:599, 1982).

Accordingly, trauma care which is central to the need for EMS systems demands attention. If adequate funding for state EMS programs can be acquired, Alabama is poised to develop and implement a statewide trauma care plan which will have significant impact on death and morbidity due to trauma.

1987 activities included:

Licensure Examinations Administered

EMT-Basics	1,549
EMT-Intermediates	446
EMT-Paramedics	427

Licenses Issued

EMT-Basics	1,613
EMT-Intermediates	461
EMT-Paramedics	480

Ambulance Vehicle Inspections	387
Ambulance Service Operator Licenses	139
Continuing Education Courses Approved	428
Individual Licenses Recertified	7,290
Cancelled	905
Advanced Life Support Providers Approved to Use IV Fluids/Medications	198
Hospital Pharmacies Authorized to Supply IV Fluids and Medications	82

Division of Environmental Health

General Sanitation Branch

Indoor Air Quality Section

PROGRAM GOALS: To provide Alabama residents with access to a program of indoor air quality surveys of formaldehyde, carbon monoxide, and asbestos and information on the correction of indoor air quality problems.

Program provides protection against many pollutants

Onsite testing for such pollutants as formaldehyde, carbon monoxide, carbon dioxide, sulfur dioxide, ozone and asbestos are routinely taken in both public and privately owned structures. Bulk sample analyses of materials are performed by the section by utilizing special microscopic equipment. The section is active in providing building owners with clearance inspections following the completion of asbestos abatement projects. Education of the public regarding the harmful effects of indoor air contaminants is of primary importance to the section, and section personnel spend many hours annually speaking to interested groups and advising educators and school superintendents on how to comply with federal requirements.

Activities in Calendar Year 1987 included:

Asbestos Discovery Surveys

- 22 County health departments surveyed for asbestos.
- 6 Schools and public buildings surveyed for asbestos.
- 20 Private buildings surveyed.
- 2 Churches surveyed for asbestos.

Asbestos Clearance Surveys following abatement projects

- 25 School buildings cleared.
- 2 Hospitals cleared.
- 7 Public buildings cleared.
- 20 County health department buildings cleared.

Indoor Air Gaseous Contaminant Surveys

Formaldehyde

- 27 Businesses and private homes surveyed.

Carbon Monoxide and Carbon Dioxide

- 5 Private homes surveyed.

Other (Odor compliants, mold spores, etc.)

- 19 Businesses, private homes and schools surveyed.

Bulk Sample Analysis for Asbestos

252 Samples analyzed.

Air Samples Taken for Asbestos

16 Samples taken in four buildings.

Training Provided

75 Participants provided with basic environmentalist training including an Asbestos Awareness Seminar.

Onsite Sewage Disposal Section

PROGRAM GOALS: To ensure proper management of onsite sewage disposal systems and to review and approve plans for sewage and water supply systems so that by the end of Fiscal Year 1989 Alabama residents will not experience disease or adverse health effects from substances associated with these systems.

Activities in Calendar Year 1987 included:

Onsite Sewage Disposal Systems

34,250 Sewage disposal plans reviewed by public health environmentalists for new individual lots, schools, public buildings, subdivisions, septic tanks, grease traps, privies, and aerobic and alternative sewage systems.

28,888 Homeowners and public and private business owners supplied with technical assistance and inspection services for their onsite sewage disposal systems.

3,078 Enforcement actions taken to bring onsite sewage disposal systems into compliance with public health rules.

69,349 Office and field visits made by public health environmentalists to septic tanks and sewage disposal systems.

Subdivisions

1,289 Preliminary and final subdivision submittals received and reviewed for compliance with public health rules.

451 Subdivisions given final approval to utilize onsite sewage disposal systems.

5,144 Subdivision lots utilizing onsite sewage disposal approved.

School and Public Buildings Sanitation Program

357 Schematic, preliminary, and final plans reviewed for school and public building projects to verify compliance with public health rules.

165 Schools and public building projects given final approval.

Septic Tank Manufacturers

87 Manufacturers of septic tanks issued permits.

Sewage Tank Cleaners

256 Sewage tank cleaners/pumpers issued permits by local health departments.

Training

295 Public health environmentalists, public health program supervisors, engineers, surveyors, and developers provided technical training in individual and subdivision onsite sewage disposal at 20 workshops throughout the state.

The department has placed increased emphasis on soil identification in locating septic tank systems since soil testing has been shown to be more reliable and less expensive than the traditional percolation test. Public health environmentalists such as this one pictured will be providing training in soil identification to county environmentalists throughout the state.

Vector Control Section

PROGRAM GOALS: To provide technical advice and consultation on the control of rats, mosquitoes, flies, and other vectors of public health importance so that Alabama residents will be at minimal risk from such disease carriers.

"Tiger" mosquito growth requires monitoring

During Calendar Year 1987 the recently introduced *Aedes albopictus* or "tiger" was found at several locations throughout the state. The fact that it is a new vector with high susceptibility to being infected by several disease-causing viruses is of great concern to the section. The

section needs to look into this situation further in 1988 to try to assess the rapidity with which the mosquito is expanding its range.

Arbovirus study proves worth

The arbovirus study, and particularly that position dealing with the Gulf Shores area in Baldwin County, during 1987 proved its worth. Blood samples taken by the section from local avian flocks early in the summer indicated the strong possibility of an outbreak of encephalitis. The section worked through local mosquito control agencies to increase the frequency of spraying, especially throughout the Gulf State Park. This effort thwarted a possible outbreak of encephalitis and demonstrated a need for this type of early detection capability due to the large numbers of visitors to the area during the summer months. This program certainly needs to be strengthened in 1988.

Preventing vector breeding dumps

Alabama has four major tire producers and leads the nation in the annual production of tires and, in many ways, the problems associated with the disposal of those tires. Each year tire dumps throughout the state provide sites for mosquito breeding and they give rise to hundreds of complaints from residents living nearby. This problem is so acute that it has drawn the attention of legislators and an interim joint committee of the legislature was created in 1987 to deal specifically with the disposal of spent tires. The section has drafted regulations to deal with this area of concern and plans to present them to the State Board of Health for adoption in 1988. These proposed regulations also address another major problem currently receiving statewide publicity and that is illegal dumping of garbage onto roadsides. The section has estimated that in excess of 10,000 illegal dumps exist and give rise to hundreds of complaints from nearby residents who suffer from mosquitoes and rats associated with the dump sites.

Activities in Calendar Year 1987 included:

Avian Arbovirus Study

636 Samples of blood extracted from avian flocks statewide were analyzed for the encephalitides.

21 Selected locations in as many counties served as sampling sites for the arbovirus study.

40 Samples were found to be positive for one or more of the encephalitides.

Bird Complaints

11 Roosting sites were selected for "time persistent harassment" where the branch either participated or supplied equipment and cooperated with county and federal agencies on Environmental Impact Statements.

Mosquito Surveys

16 Complaints were investigated in as many counties regarding bites from large concentrations of mosquitoes including the Asian "Tiger" mosquito.

4 Locations (one each in Jefferson, Etowah, Covington and Mobile counties) were determined to have the "Tiger" mosquito present during a statewide follow-up survey.

Flies

9 Fly complaints were investigated in 11 counties and actions were taken to reduce the population of the vector.

Bats

4 Onsite visits were made to structures inhabited by bats and assistance was given in ridding the buildings of the problem.

Ticks and Rats

2 Complaints were investigated in Autauga County.

Training Given

5 Presentations were made by section personnel including the annual Pest Conference, Basic Environmentalist Training Courses and mosquito control courses in two counties.

Training Received

3 Different meetings were attended by staff members including the GRCDA and Eastern Wildlife Damage Control Conferences at Gulf Shores, Alabama, and the TVA-USDA Integrated Tick Management Conference in Kentucky.

Open Dumps

13 Complaints were investigated for possible vectors at roadside dumps.

Inspection Branch

Food Section

PROGRAM GOALS: To regulate and enhance the quality of food offered to the public through inspection and training activities.

Decentralization plans implemented

Decentralization of components of the Food Program was approved by Dr. Fox in December of 1986 and was implemented beginning in January 1987. Industry training courses as well as routine food processing inspections and

permit issuance all were decentralized. Food program evaluations were retained at state leve' and will be conducted at a frequency of approximately every 14 months. These evaluations will be on an area level initially, and thereafter will be alternated between area and county in consecutive years. Due to the numbers involved in performing public health area evaluations, only three surveys/evaluations were completed during Fiscal Year 1986-87. The Inspection Branch will continue to provide technical assistance and consultative services to the area staff.

Activities in Fiscal Year 1987 included:

Retail Food Establishments

Food Service

10,826 Establishments permitted statewide.
49,799 Inspections were conducted at these establishments as required in Food Service Rules.
3 Surveys were conducted in individual public health areas.
1,339 Summer feeding inspections were conducted at the sites where food was served to qualified recipients.

Retail Food Stores

3,145 Establishments permitted statewide.
10,519 Inspections were conducted at these establishments as required in Retail Food Store Rules.

School Food Service

1,280 Establishments permitted statewide.
11,433 Inspections were conducted at these establishments as required in Food Service Rules.

Retail Frozen Desserts

2,087 Establishments permitted statewide.
11,518 Samples collected statewide.
75 Percent compliance calculated on statewide basis.

Food Processing Establishments

335 Establishments permitted statewide.
1,340 Inspections were conducted at these establishments as required in Food Processing Rules.

Seafood Program

Future plans include updating rules

The Alabama Seafood Program is administered by the Inspection Branch, Division of Environmental Health. The areas of concern within this program are shellfish sanitation, crab meat sanitation, and management of shellfish growing water classification. The program is managed by a combination of inspection activities, sampling, and administration. Joint work is done with the U.S. Food and Drug Administration (FDA) on both programs. There were five talks given in the state concerning the Shellfish Program. There were four bay closing orders issued during the year. A joint crab meat sanitation class was given to all crab meat plant operators. Speakers included both state and FDA personnel.

Future objectives include (1) to avoid food-borne outbreaks related to seafood; (2) to update the rules in areas of bacterial standards; (3) to update the classification of growing waters; and (4) to put in place a new management plan concerning growing waters.

Activities in Fiscal Year 1987 included:

Seafood

Oysters

66 Oyster plant establishments permitted within the state.
343 Oyster plant inspections were conducted at these establishments as required in Oyster Processing Rules.
91 Shellstock samples collected from oyster-growing waters and oyster-shucking plants.
221 Baywater samples collected from oyster-growing waters.

Crab Meat

27 Crab meat plant establishments permitted within the state.
131 Crab meat plant inspections conducted at these plants according to Crab Meat Rules.
108 Crab meat samples collected at random from crab meat picking plants.

Lodging Section

PROGRAM GOALS: To provide inspection and training activities that will reduce public health hazards in public lodging facilities.

Training to facilitate decentralization

Decentralization of the Lodging Program was implemented during this fiscal year. Record keeping of jail, hotel/motel, camp and prison inspections is now the responsibility of the public health areas. Permits for hotel/motel operation are now issued from the county health departments. Reports of these permitted facilities are being sent to the state Health Department. The Inspection Branch is now developing a training program to assist the county health departments in record keeping, enforcement, and inspection of lodging facilities. Hotel/Motel Rules are currently being update/revised. During Fiscal Year 1987, 26 environmentalists from 20 counties received training in the lodging inspection procedures.

Activities in Fiscal Year 1987 included:

Detention Facilities

1,673 Inspections conducted by county and state personnel of the 250 county detention facilities and of the 31 state facilities.

1 Food service survey of the state prison system with an average survey score of 92.4.

Hotels

600 Hotels operated under permit.

2,565 Inspections conducted by state and county personnel.

26 Public health environmentalists received training.

Camps

152 Inspections conducted by county personnel.

Milk Section

PROGRAM GOALS: To ensure that milk processed in Alabama is safe for human consumption through various inspection programs.

Improvements to assure milk quality continue

The Milk Section provides an ongoing service to the producers as well as the entire population of the state of Alabama. The continuous upgrading of Grade A and manufacturing dairy farms, milk processing plants, frozen dessert manufacturers, single-service container plants, and cheese plants has aided in numerous improvements to all. A Listeria sampling/testing program has been established providing additional monitoring of dairy products and environment. All new High Temperature Short Time (HTST) systems, HTST plate replacements, dual stem flow diversion valves, flow piping arrangements, identification of product and cleaning circuits, and the lowering of Direct Microscopic Somatic Cell Counts (DMSCC) counts are some of the major changes that will assure a better milk quality for the state. The Alabama Milk Rules are being updated to maintain compliance with the Federal Pasteurized Milk Ordinance.

Thousands of raw and processed milk samples are taken by department inspectors to ensure that milk processed in Alabama is safe for public consumption. Every element involved in the processing of milk is inspected, from checking dairy farm and processing plant water supplies to testing cattle and farm and plant equipment.

Activities in Fiscal Year 1987 included:

Milk Production

333 Grade A dairy farms permitted under the Alabama State Milk Rules for Grade A Dairies. Plans are continually being reviewed for new dairies. Twenty-four new and/or remodeled dairy farms were permitted in 1987.

18 Manufacturing dairy farms permitted under Alabama State Milk Rules adopted July 1986 for manufacturing dairy farms.

108 Bulk milk tank trucks, drivers tested and permitted under State Rules. Of drivers tested, 100 percent qualified to take milk samples from dairy farm supplies.

10 Farm equipment tests which includes testing of vacuum equipment using the Levograph and the onsite inspections of such equipment.

11 Dairy herd tests (California Mastitis Tests), which includes quarter testing of individual cows in whole herds, screening test for mastitis in individual cows, bulk tank milk, and other blended supplies.

1,927 Onsite inspections of Grade A dairy farms throughout the state. An average score of 92.6 was attained.

52 Onsite inspections of manufacturing dairy farms throughout the state. An average rating of 81.4 has been maintained.

5,171 Raw milk samples collected from dairy farm bulk tanks, tank trucks, and plant-commingled bulk tanks.

Milk Processing

81 Milk processing plants permitted for processing of Grade A and nongraded milk products under State Rules (includes ice cream plants, cheese plants, container plants, and milk sheds).

218 Pasteurization equipment tests which include testing of old and new equipment to meet requirements established by State Rules as well as re-testing because of changes in equipment.

277 Processing plant inspections include ice cream, cheese, and single-service container plants. An average inspection score of 92.9 was attained.

5,100 Processed milk samples collected from onsite plant coolers, delivery trucks, distribution

stations, and retail food outlets. This includes pasteurized milk, mixes, frozen desserts, and empty containers.

Notices, Plans, Surveys, and Other Inspections

94 Legal notices issued. These include plants and dairies; notices are issued for violation of milk quality standards and maintenance/cleaning of equipment and sites.

67 Plans reviewed. These include plans for new dairies and plants as well as remodeling and upgrading of existing facilities.

18 Milk sanitation surveys. These include surveys, check ratings, and audits made by Food and Drug Administration inspectors and state personnel authorized by the same.

121 Other inspections which include distribution stations, bulk milk haulers, tank trucks, abnormal milk supplies, and delivery trucks.

380 Water samples from dairy facilities. These include public and private water supplies from both dairy farms and processing plants.

Radiological Health Branch

PROGRAM GOALS: To reduce unnecessary or avoidable exposure of individuals to ionizing radiation, thereby protecting the public health and safety.

Activities include radon testing in homes

The Radiological Health Branch reviews and approves applications to use radioactive materials, particle accelerators, and X-ray equipment. In addition it prepares and maintains the Alabama Radiological Emergency Response Plan.

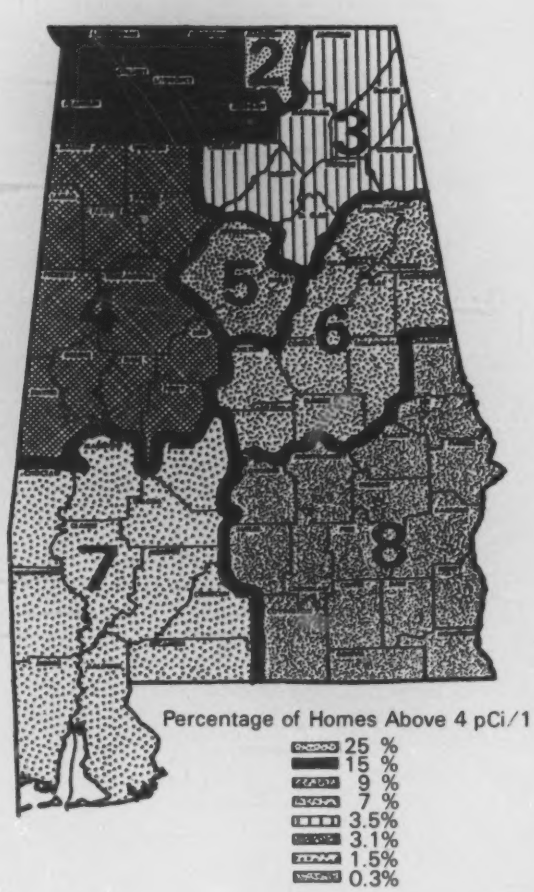
The Health Department serves as the state radiation control agency in the event of an emergency at a nuclear power plant. Each year department personnel participate in Alabama plant exercises to maintain emergency preparedness and coordination among plant personnel, local authorities, and government agencies.

A major activity conducted in Fiscal Year 1987 was to maintain the inspections of radioactive material users up to date. The U.S. Nuclear Regulatory Commission had requested the state to inspect the users of radioactive material as often as the federal government.

In addition to the above activity, the Radiological Health Branch began and concluded a program of testing homes for radon. Radon is a naturally occurring radioactive material and will be released by some soils into homes. As a result of this testing program the department recommended the voluntary testing of homes in six counties. These are: Cleburne, Colbert, Coosa, Lauderdale, Limestone, and Madison. A total of 36 counties had at least one home with levels above the U.S. Environmental Protection Agency guideline value of 4 pCi/1 (picocuries/liter) when the screening test was performed. The homes that exceeded the guideline value should be retested with a longer sampling method to obtain an average value.

CHART 8-1

Radon Testing Program of Homes



1987 Fiscal Year Statistics

X-Ray Control

1,723 Inspections of 5,011 tubes located at 2,405 facilities (13.9 percent of the facilities remained overdue for inspection on October 31, 1987).

Radioactive Material Control

169 Inspections of 455 specific licenses and 450 general licenses. (Zero percent were overdue for inspection as of October 31, 1987).

234 Licensing actions were taken to either issue a license or amend a license in Fiscal Year 1987.

Emergency Planning and Environmental Monitoring

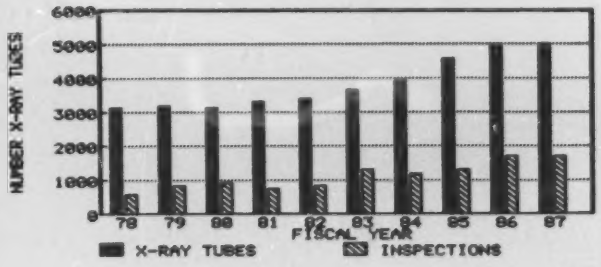
6 Emergency plan exercises were conducted in 1987. The federal review of these exercises indicated that the Alabama Radiological Emergency Plan was adequate to protect the public health and safety.

2,115 Homes were screened for radon levels with the assistance of the local health departments. The attached map gives the results of the screening tests.

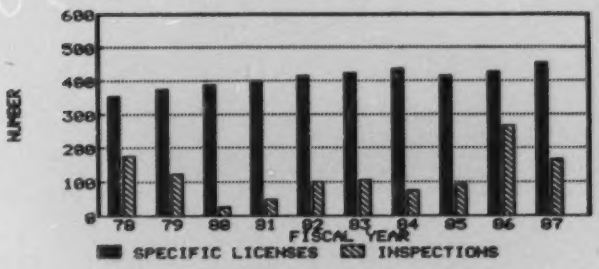
Understaffing creates inspection delays

The branch continues to be understaffed according to the recommendations of the Radiation Advisory Committee. The result of this shortage in manpower is the continuing delay in inspecting X-ray equipment.

GRAPH 8-1
X-RAY PROGRAM TRENDS



GRAPH 8-2
Radioactive Material Program Trends



Graphs 8-1 and 8-2 indicate the trends for use of ionizing radiation in Alabama as well as the Department of Public Health's involvement in that use. From 1978 through 1987 there was an increase of 1,854 X-ray tubes registered with the department. This is an average of 5.9 percent per year. Radioactive material licenses increased 99 or an average of 2.9 percent per year. It is anticipated that this historical growth rate will continue for the next two to five years.

Hearing Aid Dealer Board

PROGRAM GOALS: To protect users of hearing aids by seeing that persons who select, fit, and sell hearing aids demonstrate that they are qualified before they can be licensed.

Title 34, Chapter 14, 1975 Code of Alabama establishes the legal basis for licensing of hearing aid dealers and fitters. This licensure law became effective October 1, 1971, with the signature of Governor George C. Wallace. Persons who select, fit, and sell hearing aids must demonstrate that they are qualified before they can be licensed. Examinations for the purpose of licensure are held twice yearly in the months of January and July. A five-year summary of hearing aid licensing activity is presented in Table 9-1.

The hearing aid dealers licensure law provides for the establishment of a Board of Hearing Aid Dealers. Members of the board are appointed by the Governor from a list of qualified persons nominated by the Alabama Hearing Aid Dealers Association, Incorporated. The board consists of five hearing aid dealers, one otolaryngologist, and one audiologist. Members must be residents of the state of Alabama, have no less than three years of experience, and hold a valid license as a hearing aid dealer as provided under the act.

TABLE 9-1
Hearing Aid License Activity 1983-87

Calendar Year	Regular License Issued	Temporary Permits Issued	Passed Examination	Failed Examination
1983	115	73	15	8
1984	109	74	22	10
1985	132	80	11	14
1986	146	112	25	5
1987	140	111	14	23

Division of Licensure & Certification

Division reorganization shows positive results

The Division of Licensure and Certification went through major changes in 1987. First, the division reorganized for the first time since the early 1970s. This reorganization was an effort by the new leadership of the division to improve the overall performance of the division and to better utilize the professional expertise and personnel within the division. Initial evaluation of the reorganization plan indicates positive results.

For the first time in recent history the division filled all its budgeted positions and has justified the need for 19 additional surveyors to carry out state licensure and federal Medicare/Medicaid programs. It is anticipated that additional revenues from the federal government will be made available to assist in resolving this need. Additionally, the division has developed legislative bills which will generate additional revenue to strengthen the quality of the state licensure program. The Division of Licensure and Certification legislative bills have been made a part of the Health Department's 1988 legislative package.

Certification activities receive high ranking

In 1987 there were four quarterly evaluations of the Division of Licensure and Certification conducted by the Department of Health and Human Services, Health Care Financing Administration, Regional Office. The overall results of these evaluations were very good with minimal recommendations for changes. The 1987 annual evaluation reflects that the Division of Licensure and Certification ranks among the highest of all states in this region in carrying out federal Medicare/Medicaid certification requirements.

Licensing and Certification Branch

PROGRAM GOALS: To determine the eligibility of health care providers for Medicare/Medicaid program certification; to issue licenses for the operation of health care institutions; and to promulgate regulations establishing minimum standards that ensure safe and efficient health care facilities and quality patient care.

Licensure regulation activities create several improvements

From a licensure standpoint 1987 proved to be very active. Licensure regulations pertaining to abortion centers, nursing homes, and hospitals were amended. These amendments dealt with tuberculosis control in hospitals and nursing homes and the pathological examination of tissue from abortions. These amendments are a result of a continuing effort of the division to upgrade health care throughout our state.

Work was begun in early 1987 on the development of birthing center licensure regulations. Through an extensive effort of division personnel and strong support from department leadership, final rules were adopted November 18, 1987. These rules will prohibit the delivery of babies in illegal locations or under unethical conditions.

In November 1987, the State Board of Health adopted amendments to the small group and domiciliary licensing regulations. These amendments, which became effective on December 23, 1987, relate to physical plant and fire safety standards for both small group and institutional facilities.

After a long campaign health maintenance organization (HMO) rules were adopted in March 1987 and became effective May 1987. The Health Department no longer issues a license to HMOs. Instead, the state Department of Insurance, in coordination with the Health Department, issues a Certificate of Authority. Presently, nine of the 14 operational HMOs have been issued a Certificate of Authority. The remaining five HMOs are currently in the process of meeting financial conditions of the Department of Insurance before a Certificate of Authority can be issued.

County health department standards to be developed

In 1987 the Division of Licensure and Certification was given the responsibility of developing minimum standards for county health departments. A thorough assessment of each county health department will be conducted by the division. Late in 1987 the division employed a registered nurse to coordinate the development of these standards and carry out the onsite assessments once the standards are developed. It is anticipated that the final standards will be adopted in early 1988.

Over 500 licensure inspections and over 600 Medicare/Medicaid certification surveys were conducted by the department at Alabama health care facilities. One of the Division of Licensure and Certification's primary goals is ensuring quality, cost-efficient care by educating and assessing health care providers in the compliance of applicable licensure rules and federal regulations. In 1987 the division was ranked among the highest states in this region in carrying out federal Medicare/Medicaid certification requirements.

Transitional care unit rules under consideration

In order to meet current health care delivery trends, the division assisted the department in the development of transitional care units rules and regulations. The proposed new level of care will address the needs of individuals requiring care at a level between the acute-care and skilled nursing care. Public hearings will be conducted in 1988 in order to obtain public input into these proposed rules. Final adoption of rules is expected by the middle of 1988.

During 1987, licenses were issued and Medicare/Medicaid certifications processed for the following categories of providers:

Providers	Licensing Number	Licensing Beds	Medicare/Medicaid Certification	Medicare/Medicaid Beds
Hospitals	136	21,368	138	21,548
Nursing Homes				
Skilled or Combination				
Skilled and ICF	202	21,385	198	20,752
Non-Skilled	15	940	14	884
Intermediate Care/				
Mental Retardation	—	—	8	1,352
Domiciliaries	142	3,029	—	—
Abortion Clinics	9	—	—	—
Ambulatory Surgical Centers	13	—	16	—
Cerebral Palsy Centers	2	99	—	—
End Stage Renal Dialysis	34	—	36	—
Health Maintenance Organizations	13	—	—	—
Home Health Agencies	—	—	119	—
Hospices	—	—	7	—
Independent Clinical Labs	98	—	73	—
Independent Physical Therapists	—	—	73	—
Maternity Homes	3	62	—	—
Portable X-Rays	—	—	2	—
Rehabilitation Centers	12	100	11	100
Rural Health Clinic	0	—	4	—
Total	679	46,983	699	44,636

Domiciliary Program continues growth

The Domiciliary Program has experienced continued growth over the past year. The number of licensed domiciliaries in Calendar Year 1987 increased from 122 to 142 (16%). The corresponding increase of licensed beds for the same period was from 2,487 to 3,029 (21%). Additionally, there are 48 facilities presently being constructed/renovated for participation in the program.

Health maintenance organization developments

The year 1987 was one of change as well as development in the health maintenance organization program in Alabama. Enrollment figures for Alabama total 133,236 as of September 30, 1987. The HMOs service area covers 49 counties, and over 2,000 providers are employed or contracted. Three HMOs expanded their service areas, and it is projected that more will expand in 1988.

Field Services Branch

PROGRAM GOALS: To ensure quality, cost-efficient care by assessing health care providers for compliance with applicable licensure rules and federal regulations and by providing staff development training for both division and health care facility personnel.

Long-term care surveys identify problems

Calendar Year 1987 was a year of changes and refinement of previous changes begun in 1986. Improvement of the long-term care survey process has been instrumental in identifying major problems in patient care for the nursing home population. Largely responsible for this increased detection of substandard care has been Health Care Financing Administration's changes in methodology of patient sample selection and methods of post-certification review. These changes have resulted in more in-depth reviews and in the highlighting of deficient areas which would have previously been considered appropriate. Consequently, 23 nursing homes were identified in 1987 as providing substandard care to a degree warranting the initiation of termination action.

Complaint section established

A complaint section within the Branch was established in June 1987 in an effort to be more responsive in investigating compliants in health care facilities. This section is currently manned by a registered nurse and will be expanded as funding increases to support more staff in the division. Benefits derived from this unit will be closer monitoring of serious allegations including neglect and abuse, improved quality of reporting, faster response time, and more rapid implementation of corrective action. Complaint investigation enables visits to facilities with a total element of surprise, providing a more accurate picture of routine facility care.

Staff attends survey training

The entire Field Services staff participated in a week-long training session in Atlanta, Georgia, in September 1986. This training was hosted by the Health Care Financing Administration and was intended to familiarize all staff with new developments in surveying techniques and the health care field and to standardize surveying activities.

1987 Onsite field work

547 Licensure Inspections
625 Certification Surveys
392 Follow-up Reviews
328 Complaint Investigations

Information Services Pointing The Way To A Healthier Life

The Alabama Department of Public Health has the responsibility of informing citizens of health problems and methods of prevention and treatment.

Four distinctly different offices in different areas of the department—the Bureau of Clinical Laboratories, the Bureau of Vital Statistics, the Epidemiology Branch of the Division of Disease Control, and the Office of Health Promotion and Information—gather data from those engaged in personal health, environmental, and administrative services and develop this information into a variety of forms for many uses among the public, government agencies, and health care professionals.

Laboratory science has a fascinating and exciting history of discoveries that have changed the course of mankind, and Alabama's Bureau of Clinical Laboratories (BCL) is one of the country's leading state laboratories in making significant contributions in this area of disease detection and therapy. The BCL's performance record of 1.5-2 million exams per year has placed it among the top four state labs in the number of exams performed per employee.

One of the oldest functions of public health, the collection and analysis of health statistics, is provided by the Bureau of Vital Statistics and the Epidemiology Branch in the Division of Disease Control (see separate activity report on Epidemiology under the Bureau of Personal Health Services, Division of Disease Control section).

Vital Statistics is the guardian of the basic health facts of all our lives. This office registers, preserves and serves as a public resource for vital event information; observes statistical trends in the health field; and provides vital event data on a timely basis for determining the health of the people.

Epidemiology serves public health planners by analyzing information concerning health events and identifying relationships and patterns in the data that suggest a disease's or injury's cause, means of prevention, treatment, and effectiveness and efficiency of that prevention or treatment.

The Office of Health Promotion and Information deals with two modern phenomena in the world of public health—the availability of mass communications and the knowledge that many health problems today can be prevented or minimized by behavior modification. The tasks of this office include notifying the public of important health events and issues and delivering messages on beneficial health activities that can compete with the many that encourage negative health behaviors.

Through the gathering, interpretation, and sharing of knowledge from clinical, environmental, and management sources, these offices fulfill the important function of providing information that helps to achieve cost-containment in lives and money.

Bureau of Clinical Laboratories

PROGRAM GOALS: To provide accurate routine testing procedures for diseases of public health significance; to supply diagnostic capabilities unavailable in the private sector; to complement private laboratories with reference services for difficult procedures; to administer state and federal regulations; to institute innovative testing procedures for diseases; and to increase the general competence of laboratory science.

1987—A year of challenge and achievement

During Fiscal Year '87 the Bureau of Clinical Laboratories (BCL) continued to meet the challenge and played a major role in a constantly changing health services industry. Numerous clinical laboratory services were implemented which should increase the quality of health care for all of the citizens of Alabama.

Mycobacteriology Division

Rapid identification of mycobacteria isolated in cultures has now become a reality. Through the use of DNA probes, cultures of *M. tuberculosis* complex and *M. avium-M. intracellulare* complex can be tested and identified in two to three hours. This rapid identification system, combined with earlier reporting of drug susceptibility testing, enables health care providers to provide earlier treatment for their patients.

DNA probe testing of clinical specimens for the presence of mycobacteria is now being evaluated at the laboratory and preliminary results appear promising. It is hoped that this procedure will become available on a routine basis.

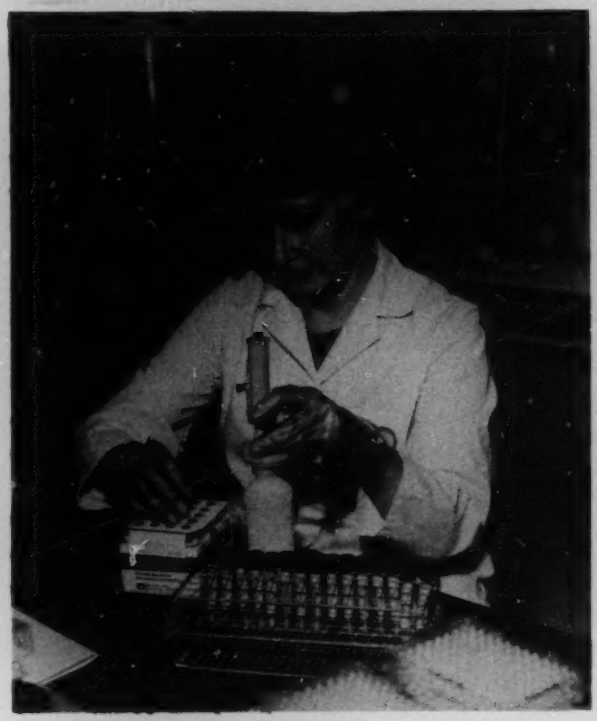
Microbiology Division

The Clinical Chemistry staff began exploring methods of implementing a blood lead screening program which would aid in preventing irreversible brain damage in children. Nationwide screening programs in 1984 revealed a 1.1% positivity rate among the 758,503 children tested. This percentage is expected to increase as allowable blood lead levels decrease.

Plans were formulated this year for the new Laboratory Improvement Program, a major effort to initiate and upgrade laboratory procedures for county health departments statewide. A number of procedures not presently available at the county level will be instituted.

A Legionella culture isolated in a Birmingham hospital from a lung biopsy was examined in the Special Bacteriology Section of the BCL and was found to be a strain not previously isolated. The organism was submitted to the CDC to assist in species identification. Alabama personnel were asked to assist in naming the new species, *Legionella birminghamensis,* and to participate in the initial journal report.

The Enteric Bacteriology Branch was involved in an outbreak of Shigellosis in south Alabama. *Shigella sonei* was isolated from patients, including two food handlers.



The Bureau of Clinical Laboratories has earned a national reputation for developing procedures that facilitate more rapid, accurate, and cost-efficient detection of disease. Here a microbiologist prepares samples for testing that is part of a chlamydia screening program the BCL implemented in 1987.

Serology Division

A statewide screening program to detect chlamydial infections in pregnant MCH patients was begun in March 1987. Swabs from 15,509 patients were tested by enzyme immunoassay (EIA) and 2,338 (15%) were positive.

In August 1986, the BCL began a pilot program screening for hemoglobinopathies in newborns. An initial study of heelstick whole blood samples versus cord blood samples was completed in March 1987. As a result of the study, cord blood samples were found to be the specimen of choice. To reduce the need for follow-up specimens to be collected, the laboratory obtained an HPLC (high pressure liquid chromatograph) to allow hemoglobinopathies to be identified and quantitated on the initial cord blood sample.

By the end of the fiscal year, the laboratory had tested 15,676 specimens for antibodies to HIV (Human

Immunodeficiency Virus). Of the specimens tested, 904 were repeatedly reactive by EIA (Enzyme Immunoassay) and Western Blot. Beginning in January 1987, the number of specimens submitted rose from approximately 200 a month to over 2,000 a month. This was the result of increased awareness of AIDS and of the need for testing all persons receiving blood transfusions since 1978.

Sanitary Bacteriology Division

The 15,197 water samples received from public and private supplies were tested for total coliform and residual chlorine. Of these, 1,158 were confirmed coliform positive water samples. A total of 4,680 milk and dairy samples were examined during the year; 1,029 failed to meet one or more of the criteria of acceptability.

Scientific Services Division

Scientific Services, as in previous years, displayed a significant expansion in media production in support of the increased workload throughout the entire laboratory network.

Birmingham Laboratory Division

The Birmingham Laboratory Division experienced a significant increase in workload for Fiscal Year 1987 due largely to new tests begun during that time including: urine culture identification, drug sensitivity tests, hepatitis B, chlamydia, and HIV testing.

This division participated in the CDC Gonococcal Isolate Surveillance Project to monitor changes in resistance of gonococcal isolates to various antibiotics. Participation was continued in a study with the EPA to evaluate four new media for the isolation of total coliform bacteria.

Decatur Laboratory Division

The Decatur Laboratory Division initiated chlamydia testing on all maternity patients. The newly instituted Grade B Milk Testing Program shows vast improvements have been made on Grade B herds.

Positive rabies declined 45.5% in north Alabama. No domestic animals were found positive.

Dothan Laboratory Division

The Dothan Laboratory Division completed the final inspection of its new building in October.

The laboratory has supplemented the urine culture program with two procedures, the urinary tract pathogen identification and drug susceptibility testing.

Plans are underway to implement a rabies testing program which will provide a more rapid response time on rabies specimens in the southeast Alabama region.

Mobile Laboratory Division

The Mobile Laboratory Division was involved in a research project to develop a rapid 24-hour *E. coli* test utilizing a fluorescent substrate. Two laboratory personnel made a presentation at the Gulf and South Atlantic States Shellfisheries Conference concerning the laboratory's objection to the implementation of the new FDA National Shellfish Sanitation Program Manual of Operation. As a result of the laboratory's presentation, the conference voted to delay the implementation of the FDA plan. This action has resulted in saving Alabama, and other states involved in shellfish testing, millions of dollars within the coming year.

TABLE 10-1
BIRMINGHAM BRANCH LABORATORY
FISCAL YEAR 1987

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
VDRL-Routine WR 393	56,775	1,282	54,687	413	58,349
VDRL-Premarital WR 53	11,870	76	11,725	16	11,983
HIV-EIA	3,929	269	3,646	14	4,184
Hepatitis	139			2	141
Influenza Isolations	185	22	157	6	207
Chlamydia	6,836	934	5,885	17	7,138
Urine Cultures-Routine	9,617	746	8,609	262	11,247
Sanitary-Dairy	8,711	1,629	6,949	133	23,826
Potable Water	21,043	992	19,223	828	35,833
Fluoride	1,065		1,065		1,065
Bay Water					
Shellfish					
GC Culture	134,394	7,894	122,838	3,662	151,230
GC Smears					
Rabies	992	12	956	24	968
Check Specimens	128				799
TOTALS	255,684	14,302	235,740	5,377	306,970

TABLE 10-2
DECATUR BRANCH LABORATORY
FISCAL YEAR 1987

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
VDRL-Routine WR 187	22,881	401	22,185	108	23,441
VDRL-Premarital WR 19	4,828	14	4,316	8	4,870
HIV-EIA	2,050	58	1,986	1	2,080
Hepatitis					
Influenza Isolations					
Chlamydia	3,158	459	2,869	10	3,240
Urine Cultures-Routine	2,826	275	2,544	7	2,819
Sanitary-Dairy	2,310	346	1,934	30	8,247
Potable Water	13,058	1,418	11,276	390	25,798
Fluoride					
Bay Water					
Shellfish					
GC Culture	32,558	1,758	30,445	508	35,993
GC Smears	607	371	222	14	593
Rabies	568	5	546	17	551
Check Specimens	91				424
TOTALS	84,935	5,311	78,323	1,093	108,056

TABLE 10-3
DOTHAN BRANCH LABORATORY
FISCAL YEAR 1987

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
VDRL-Routine					
VDRL-Premarital					
HIV-EIA					
Hepatitis					
Influenza Isolations					
Chlamydia					
Urine Cultures-Routine	1,596	232	1,342	22	1,630
Sanitary-Dairy	1,700	433	1,262	5	4,204
Potable Water	5,881	396	5,347	138	11,694
Fluoride					
Bay Water					
Shellfish					
GC Culture	8,089	806	7,031	252	9,459
GC Smears					
Rabies					
Check Specimens	55				152
TOTALS	17,321	1,867	14,982	417	27,139

TABLE 10-4
MOBILE BRANCH LABORATORY
FISCAL YEAR 1987

PROCEDURE	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
VDRL-Routine WR 233	30,892	1,299	29,215	145	32,549
VDRL-Premarital WR 8	3,051	29	2,994	20	3,077
HIV-EIA	5,386	233	5,152	1	5,385
Hepatitis					
Influenza Isolations					
Chlamydia	1,823	284	1,517	22	1,801
Urine Cultures-Routine	3,258	407	2,827	24	4,017
Sanitary-Dairy	2,913	673	2,236	4	8,271
Potable Water	10,099	167	9,185	747	18,862
Fluoride					
Bay Water	268	79	189		516
Shellfish	207	50	156	1	1,060
GC Culture	51,623	2,971	47,252	1,400	58,088
GC Smears					
Rabies	347	5	333	9	338
Check Specimens	106				184
TOTALS	109,973	6,438	101,056	2,373	134,148

TABLE 10-5
MONTGOMERY CENTRAL LABORATORY
FISCAL YEAR 1987

SEROLOGY DIV.	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
Rubella-EIA (IgG)	19,645	16,656	3,248	222	20,126
Rubella-EIA (IgM)	142		142		284
Rh	15,279	11,617	3,531	134	26,497
ABO Typing	15,279			170	105,763
VDRL-Routine WR 1,451	65,320	2,852	59,226	807	69,701
VDRL-Premarital WR 118	7,989	77	7,750	44	8,291
VDRL-Spinal Fluid	2,354	10	2,321	23	2,366
MHA-TP	1,975				1,975
Hepatitis	1,566				4,877
Agar Gel	757	117	637	3	1,602
CF-Viral	1,769				9,031
CF-Fungal	717				2,996
HIV-EIA	2,665	129	2,534	2	2,845
HIV-Western Blot	735	508	226	1	735
Chlamydia	3,692	661	3,005	26	3,692
HI-Influenza	26				104
HI-Arbovirus	533				1,599
FTA-ABS	1,049	140	906	3	1,049
Toxoplasmosis	942	190	750	2	942
Legionnaires	331				331
Rickettsia	229				229
PKU-Guthrie	105,510	2			105,510
PKU-Chromatography	333				333
Hypothyroid	105,357	12		10,822	138,237
Biotinidase	105,357				105,486
Hemaglobinopathies (Hgb)	51,303			144	58,736
Hgb - Newborn	4,226			4	4,492
MICROBIOLOGY DIV.					
Enteric	3,091	1,204	1,891	23	4,322
Urine Culture-Reference	817	757	63	2	1,912
Urine Culture-Routine	5,256	906	4,176	206	6,800
Potable Water	15,333	1,286	13,621	484	29,883
Fluorine					
Bay Water					
Shellfish					
Sanitary Dairy	4,680	1,034	3,621	25	13,446
Special Bacteriology	742	613	62	68	21,060
Food Clinical	70	16	47	7	785
Staphylococcus	21	19	1	1	39
Bordetella pertussis Culture	100	10	86	4	275
Bordetella pertussis FA	155	33	118	4	754
Diphtheria	16		16		64
Legionella Culture	154	6	139	8	1,286
Legionella FA	2		2		28
Food Bacteriology	138	28	75	34	2,143
Botulinum Testing	1		1		16
GC Cultures	63,585	4,233	54,543	1,794	75,903
GC Smears					
Parasitology	11,864	1,304	10,193	407	12,722
Streptococcus	2,782	508	2,274		3,886
Filth Analysis	42	35	7		95
Rabies	1,174	64	1,111	8	1,182
Influenza Isolations					
Clinical Chemistry	7,374				41,828
TB/MYCOLOGY DIV.					
Microscopic Smears	22,135	757	20,809	486	21,566
Referred Cultures	891				
Total Cultures		1,544	19,048	916	128,973
Mycology	4,467				47,455
Check Specimens	421				3,341
Totals	660,391	48,897	216,180	16,884	1,097,593

TABLE 10-6
COMBINED LABORATORIES
FISCAL YEAR 1987

SEROLOGY DIV.	SPECIMENS	POSITIVE	NEGATIVE	UNSAT.	EXAMS
Rubella-EIA (IgG)	19,645	16,656	3,248	222	20,126
Rubella-EIA (IgM)	142		142		284
Rh	15,279	11,617	3,531	134	26,497
ABO Typing	15,279			170	105,763
VDRL-Routine WR 2,264	175,868	5,834	165,313	1,473	184,040
VDRL-Premarital WR 198	27,738	196	26,785	88	28,221
VDRL-Spinal Fluid	2,354	10	2,321	23	2,366
MHA-TP	1,975				1,975
Hepatitis	1,705			2	5,018
Agar Gel	757	117	637	3	1,602
CF-Viral	1,769				9,031
CF-Fungal	717				2,996
HIV-EIA	14,030	689	13,318	18	14,494
HIV-Western Blot	735	508	226	1	735
Chlamydia	15,509	2,338	13,276	75	15,871
HI-Influenza	26				104
HI-Arbovirus	533				1,599
FTA-ABS	1,049	140	906	3	1,049
Toxoplasmosis	942	190	750	2	942
Legionnaires	331				331
Rickettsia	229				229
PKU-Guthrie	105,510	2			105,510
PKU-Chromatography	333				333
Hypothyroid	105,357	12		10,822	138,237
Biotinidase	105,357				105,486
Hemaglobinopathies (Hgb)	51,303			144	58,736
Hgb - Newborn	4,226			4	4,492
MICROBIOLOGY DIV.					
Enteric	3,091	1,204	1,891	23	4,322
Urine Culture-Reference	817	757	63	2	1,912
Urine Culture-Routine	22,553	2,566	19,498	521	26,513
Potable Water	65,414	4,259	58,652	2,587	122,070
Fluorine	1,065		1,065		1,065
Bay Water	268	79	189		516
Shellfish	207	50	156	1	1,060
Sanitary Dairy	20,314	4,115	16,002	197	57,994
Special Bacteriology	742	613	62	68	21,060
Food Clinical	70	16	47	7	785
Staphylococcus	21	19	1	1	39
Bordetella pertussis Culture	100	10	86	4	275
Bordetella pertussis FA	155	33	118	4	754
Diphtheria	16		16		64
Legionella Culture	154	6	139	8	1,286
Legionella FA	2		2		28
Food Bacteriology	138	28	75	34	2,143
Botulinum Testing	1		1		16
GC Cultures	290,249	17,662	262,109	7,616	330,673
GC Smears	607	371	222	14	593
Parasitology	11,864	1,304	10,193	407	12,722
Streptococcus	2,782	508	2,274		3,886
Filth Analysis	42	35	7		95
Rabies	3,081	86	2,946	58	3,039
Influenza Isolations	185	22	157	6	207
Clinical Chemistry	7,374				41,828
TB/MYCOLOGY DIV.					
Microscopic Smears	22,135	757	20,809	486	21,566
Referred Cultures	891				
Total Cultures		1,544	19,048	916	128,973
Mycology	4,467				47,455
Check Specimens	801				4,900
Totals	1,128,304	76,815	646,281	26,144	1,673,906

TABLE 10-7
POSITIVE RABIES
FISCAL YEAR 1987

Counties	October	November	December	January	February	March	April	May	June	July	August	September	TOTAL
Autauga													
Baldwin								1 Bat				3 Bats	4
Barbour	1 Raccoon					1 Skunk		1 Raccoon				1 Raccoon	4
Bibb													
Blount													
Bullock							1 Raccoon						1
Butler													
Calhoun	2 Bats												2
Chambers	1 Fox						2 Racoons						3
Cherokee													
Chilton													
Choctaw													
Clarke										1 Bat			1
Clay	1 Bat												1
Cleburne													
Coffee						1 Raccoon							1
Colbert													
Conecuh							1 Raccoon					1 Raccoon	2
Coosa													
Covington	1 Dog			1 Raccoon					1 Raccoon				3
Crenshaw	1 Racoon				1 Raccoon				1 Raccoon				3
Cullman													
Dale		*1 Raccoon		1 Raccoon				3 Raccoons 1 Fox					6
Dallas													
DeKalb													
Elmore						1 Raccoon		1 Raccoon					2
Escambia													
Etowah										1 Bat	1 Bat		2
Fayette													
Franklin													
Geneva	1 Raccoon						1 Raccoon					1 Raccoon	3
Greene													
Hale													
Henry			1 Raccoon		2 Raccoons		2 Raccoons	2 Raccoons			1 Raccoon		8
Houston			1 Raccoon	1 Raccoon	1 Raccoon		1 Raccoon			1 Raccoon	1 Raccoon		6
Jackson													
Jefferson											1 Bat		1
Lamar													
Lauderdale							1 Skunk						1
Lawrence													
Lee		1 Raccoon 1 Skunk	1 Bat			1 Raccoon		2 Raccoons	2 Raccoons 1 Cat		1 Raccoon 2 Bats	1 Bat	13
Limestone													
Lowndes													
Macon											1 Raccoon		1
Madison	2 Skunks 1 Bat												3
Marengo											1 Bat		1
Marion													
Marshall											1 Bat		1
Mobile													
Monroe								1 Bat					1
Montgomery					1 Bat	1 Raccoon					1 Bat		3
Morgan													
Perry													
Pickens													
Pike									1 Raccoon				1
Randolph													
Russell							1 Raccoon						1
St. Clair										1 Bat			1
Shelby		1 Bat	1Bat									2 Bats	3
Sumter													
Talladega												1 Bat	1
Tallapoosa	1 Raccoon 1 Fox												2
Tuscaloosa													
Walker	1 Bat												1
Washington													
Wilcox													
Winston													
TOTAL	4 Raccoons 5 Bats 2 Foxes 2 Skunks 1 Dog	2 Raccoons 1 Skunk 1 Bat	2 Raccoons 1 Bat	3 Raccoons	4 Raccoons 1 Bat	4 Raccoons 1 Skunk	9 Raccoons 1 Skunk	9 Raccoons 2 Bats 1 Fox	5 Raccoons 1 Cat	3 Bats 1 Raccoon	7 Bats 4 Raccoons	7 Bats 3 Raccoons	87

*Tested in Texas

Bureau of Vital Statistics

PROGRAM GOALS: To be responsible for the registration and preservation of vital event information; to serve as a public resource for the official records of these events; to observe statistical trends in the health field and to provide vital event data on a timely basis as needed for determining the health status of the people; and to expand data services and seek methods that increase the efficiency and accuracy of the services provided.

Division of Registration Services

Registration numbers consistent with 1986; applications changes cited

The registration of vital records in 1987 remained consistent with the previous year's total of 162,000 with no significant increase or decrease noted in any of the five areas of registration. To facilitate the registration of the 96,587 certificates of birth, death, and fetal death that were transmitted to this office, 268 warrants were issued in 1987 to the several county commissions authorizing them to reimburse their local boards of health at a rate of 75 cents per certificate as required by Alabama statute. Statewide reimbursements for the year totaled $72,440.25.

Alabama statute requires that there be one local registrar in each county and deputy registrars may be appointed as needed. In 1987, there was a higher than usual turnover in this area with 13 local registrars and 24 deputy registrars being appointed. Two counties currently have no legally appointed local registrar.

Almost 32,000 applications for current birth certificates were processed with a total of over $190,000 in fees being received from Alabama hospitals as mandated by state law. This amount represents a 21% increase in the total of fees received and a 10% increase in the number of applications processed. We anticipate the total computerization of this area in 1988 with computer-generated copies of birth certificates being issued.

A total of 3,220 applications for current death certificates were processed in 1987 representing a 4% decrease from the previous year. The bureau has experienced a 65% decrease in this area since 1983 due to the authorization of death certification at the local level.

Figures reflect improved registration quality

A total of 7,185 delayed birth certificate files were processed in 1987 indicating a decrease of almost 20% from the previous year. Some 2,364 delayed certificates of birth were actually placed on file while 5,233 letters were written to applicants involved in this process. Both of these figures represent significant decreases from 1986 totals. The past 10 years have seen a 50% decrease in the activity of this registration area and it is expected that this decrease will continue in future years attesting to the fact of improved registration quality over the years.

1987 Vital Statistics included:

Estimated Population	4,148,905
Births	59,195*; Rate 14.3*
Deaths	37,335*; Rate 9.0*
Marriages	45,277*; Rate 10.9*
Divorces	24,430*; Rate 5.9*
Adoptions	3,150
Legitimations	3,708
Infant Deaths	740*; Rate 12.5*
Certified Copies of Vital Records	240,572
Noncertified Copies of Vital Records	10,515
Seminars	5; Participants 350
Number of Records Microfilmed	3,557,087

*Provisional Data

Division of Record Preservation and Certification

Activities include training on new certificates

During the 1987 calendar year, the field services segment of the Division of Record Preservation and Certification was involved in several major projects. First, two public health representatives were hired and trained. Second, five vital statistics seminars for county registrars, hospital medical records personnel, coroners, funeral home directors, and physicians were conducted statewide. More than 350 people attended these five meetings. Third, the birth, death, fetal death, marriage, and divorce certificates were revised to match the new U.S. standard certificates. Lastly, over 50 meetings were held throughout the state to give instructions on how to complete these new certificates.

To increase the amount of information collected as well as make it more uniform with data gathered by other states, Alabama will implement in 1988 a revision of all its vital records systems which include birth, death, fetal death, marriage, and divorce certificates. To ensure accuracy of the documents, in 1987 over 500 meetings were held throughout the state to give instructions on how to complete the new certificates.

TABLE 11-1
ALABAMA'S LEADING CAUSES OF DEATH
1987 AND 1986

1987				1986		
Rank	Number*	Rate*	Cause of Death	Rank	Number	Rate
—	37,335	—	Total All Causes	—	37,690	—
1	12,936	311.8	Diseases of the Heart	1	12,887	314.2
2	8,247	198.8	Malignant Neoplasms	2	8,206	200.1
3	3,060	73.8	Cerebrovascular Diseases	3	3,022	73.7
4	2,134	51.4	Accidents	4	2,204	53.7
5	1,300	31.3	Chronic Obstructive Pulmonary Diseases & Allied Causes	5	1,361	33.2
6	868	20.9	Pneumonia & Influenza	6	916	22.3
7	778	18.8	Diseases of the Arteries	7	845	20.6
8	667	16.1	Diabetes Mellitus	8	712	17.4
9	453	10.9	Suicide	9	465	11.3
10	438	10.6	Homicide	10	465	11.3
—	6,454	—	All Other Causes	—	6,560	—

*Provisional

Microfilming increases

The microfilm segment microfilmed more than 3,500,000 documents during the past year. This total was an increase of almost one million over the total for the previous year. Included in this total are 54,581 births, 36,503 deaths, 559 fetal deaths, 44,335 marriages, 23,953 divorces, and 8,500 affidavits. Also included are more than 2,800,000 WIC vouchers microfilmed for the Division of Family Health Services and almost 100,000 documents microfilmed for the Bureau of Clinical Laboratories. More than 600 new volumes were bound and added to the vault bringing the total volumes stored to over 23,000. In addition, this division reproduced and certified 240,572 copies of vital records, processed 124,000 feet of microfilm, and duplicated slightly less than 30,000 feet of microfilm.

In 1987, the division began a project of microfilming records for the Alabama Cosmetology Board. When this project is completed more than 500,000 documents will have been microfilmed and the project will span over two years.

Computer expansion planned

Future plans for the division include updating the present reproduction equipment and installing new computer equipment. The new computer equipment will enable the division to issue computer-generated copies of birth certificates. Also, plans are being made by the field service to implement new computer programs to check the timely filing of all vital statistics certificates. The goal is to reach 100% filing within the legal time limits.

Induced Termination of Pregnancy Reporting fills important information gap

For the first time since 1950, when divorce reports were first filed with the Bureau of Vital Statistics, the reporting of a new vital event has been initiated. The Parental Consent Bill was signed into law on June 25, 1987, by Governor Guy Hunt and established a requirement that selected induced terminations of pregnancy occurring in Alabama be reported.

The Bureau of Vital Statistics was specifically given the responsibility of prescribing the reporting of these events, determining data items to be collected on these reports including those specifically requested by the law, furnishing forms for this reporting, receiving and holding these reports for seven years, and maintaining statistical and informational records on the occurrence of induced abortions.

Alabama's new Report of Induced Termination of Pregnancy was designed to satisfy all reporting requirements of the Parental Consent Act. In addition, data items which were considered most critical in studying induced pregnancy terminations were included on the report. All data items were designed to be comparable with standards recommended nationally by the National Center for Health Statistics. This will allow for future comparative studies between Alabama and other states.

Submission of the Report of Induced Termination of Pregnancy was required starting on October 1, 1987. While the Parental Consent Act mandates the reporting of induced

terminations only for patients under 18 years of age, facilities have been encouraged to voluntarily submit these reports on all patients. Reports submitted during the last three months of 1987 indicate that the personnel in facilities which are required to file these reports realize the importance of including information on all induced terminations.

The reporting of induced terminations of pregnancy has been a very serious missing link in the study of pregnancy and pregnancy trends in Alabama. Even though the reporting of this event is not complete, information generated since this reporting was initiated indicates that much value and knowledge will be realized.

Proposed Follow-Through Survey On Live Births Weighing Under 1,500 Grams

Plans are in the development stage for the possible implementation of a permanent follow-through survey of all live births weighing under 1,500 grams at birth. This proposed survey will seek to identify whether these very low birth weight infants were discharged from the facility of birth alive, were transferred to another facility, or did not live. Only births for which the discharge outcome is uncertain will be included in this survey.

Alabama's 1986 resident infant mortality rate was the highest among all states. Over half of these deaths were to infants weighing under 1,500 grams at birth. This survey will be used in identifying transfer patterns for high risk births which are important in infant mortality study.

While the registration of deaths is very close to being complete in Alabama, there is a potential for oversight in the submission of Certificates of Death on very low birth weight infants. Officials responsible for the filing of this certificate may not realize in some instances that a delivery was not a fetal death and that a Certificate of Death is required. This follow-through survey will assure complete registration of the deaths of such infants. This registration will not only improve the completeness and quality of infant mortality information, but will allow the Bureau of Vital Statistics to take the required precautions to prevent fraudulent use of the Certificate of Live Birth which had been filed.

An additional benefit which will be realized through this proposed survey is that the weight at birth will be verified for error in recording on the Certificate of Live Birth at the facility of birth or in the data entry process.

Vital Statistics records reveal that over half of the infant deaths registered in Alabama in 1986 were to infants weighing under 1,500 grams at birth. In 1987 the department began developing a proposal for a follow-through survey on very low birth weight babies to assure complete registration of the deaths of such infants and to provide important additional data for infant mortality studies.

Office of Health Promotion and Information

Graphic Communication Branch

PROGRAM GOALS: To provide commercial quality graphics, print, and audio-visual materials to the Health Department to improve information flow and impact.

Demands for audio-visual, print services grow

In 1987 the Graphic Communication Branch saw an increase in demand for print and audio-visual materials. Services provided by the branch included typesetting, design, layout, photography, videotaping, and the preparation of slides, slide-tapes, charts, signs, displays, and videotapes.

An important equipment acquisition was made with the purchase of a computer for the purpose of making charts and graphs.

Activities in Calendar Year 1987 included:

2,663	Pieces of typesetting
7,556	Pieces of artwork/illustration
8,567	Pieces of photography
1,723	Printing requisitions processed
33,616,668	Printing impressions
$476,610.78	Printing costs

Health Education Branch

PROGRAM GOALS: To reduce premature death and disablement from preventable injury through health education and to change life behaviors by providing leadership and program direction.

"Buckle Up" programs effective

The Office of Health Promotion and Information, Health Education Branch, is funded by the Department of Transportation through the Law Enforcement Planning

and Highway Traffic Safety Division of the Alabama Department of Economic and Community Affairs (ADECA) to promote the increased usage of seat belts and child restraints. The child restraint program has been funded by ADECA since Fiscal Year 1980, while the seat belt program has been in effect for the past five years. In Fiscal Year 1987 the seat belt program received $83,581 and the child restraint program received $173,831. In an effort to reduce severe injury and mortality these two programs provide an array of programs to the general public, private industry, and the medical community.

Because traffic crashes are one of the leading causes of productive years of life lost and the leading cause of death among age groups 5-34, safety belt and child safety seat programs that use effective community and public health promotion strategies have been proven effective. Accidents are the fourth leading cause of death in Alabama. Accidents rank lower only than heart disease, cancer, and stroke. If safety belt use were mandated in Alabama, assuming 80 percent compliance, 250 deaths and 6,000 injuries could be prevented annually. Until recently there has been no organized effort to bring researchers, health educators, planners, medical personnel, and private industry together to design and implement comprehensive occupant protection/health promotion.

1987 car safety restraint initiatives

The following is a list of public education initiatives implemented by the Office of Health Promotion and Information to increase seat belt and child restraint usage during the 1987 calendar year.

- Alabama Department of Public Health personnel conduct surveys every six months in the four metropolitan areas. Surveys are also conducted in other metropolitan areas, urban areas, and small cities. The latest survey conducted in November 1987 shows child restraint usage at 42.0% and seat belt usage at 26.7%.
- Two child restraint announcements and one seat belt public service announcement were produced and aired on 27 television stations, one cable television station, and a local radio program.
- Publications of the child restraint logo appeared in four national magazines *(Newsweek, Sports Illustrated, Time, and U.S. News and World Report.)*
- Over 44,000 printed materials went to Kinder-Care day care facilities, police departments, obstetricians, gynecologists, pediatricians, and other allied agencies.
- In April 1987 the Department of Public Health implemented the Child Restraint Law Awareness Campaign. This event received statewide approval in addressing all facets of this point. All sponsoring organizations had a role in communicating to the general public this concern and need to uphold the law.
- In Montgomery Carmike Cinemas and an advertising company committed to advertise. The seat belt public service announcement aired prior to film viewing and ran through fall of 1987 in 28 theaters. Ten advertising benches promoting child restraints were placed for a period of six months around the city.
- A *Child Safety Seat Identification Guide* was mailed statewide to appropriate individuals. The guide was developed to identify car seat models and to determine correct usage and proper instructions for installation.
- A pamphlet, "Media Works," was developed and distributed to build strong ties with the media to help bring about our goals. Also personal visits were made to local law enforcement agencies in a number of communities which have rendered strong support and is building support elements in these communities. Both of these activities are being expanded on in the coming year.

Traffic crashes are a leading cause of productive years of life lost and the leading cause of death among age groups 5-34. Alabama's program to increase the use of automobile child safety seats has been nationally recognized by the U.S. Secretary of Health and Human Services. Working with other agencies to develop a comprehensive campaign to increase seatbelt and child restraint usage, department messages to buckle up have appeared everywhere from movie theaters and MTV to day care centers and doctors' offices. Since the program was begun in 1980, Alabama's automobile child safety seat usage has increased from 8 percent in 1980 to 42 percent in 1987.

- A directory of car seat loaner programs statewide, including a resource and referral guide, was distributed statewide.

- An incentive program for downtown Montgomery employees has been initiated. The goal of the program is to increase seat belt usage by five percent among these employees. Approximately 250 to 300 employees will be involved in this program. Pre-campaign surveys began in December 1987 to determine base-rate seat belt compliance. Incentives and prizes for those who buckle up have been secure through local merchants and restaurants.
- A new poster titled "Be Responsible" has been developed and is currently being printed. This poster will be used as an educational tool in the Downtown Montgomery Employees Incentive Program.

Future activities include the following:

- Road signs stating the child restraint law will be distributed statewide to police departments during the next months. Public Health is working with the Highway Department and Public Safety on this project. Plans include displaying signs at 35 Welcome Stations across the state.
- A "Buckle Up Bear" campaign stressing child restraint usage is to be conducted in cooperation with day care facilities and law enforcement officials during the upcoming year.

Health Promotion Branch

PROGRAM GOALS: To enhance well-being by developing capabilities of target groups or individuals through organized health promotion efforts.

Alabamians identify their health habits

The Behavioral Risk Factor Surveillance System (BRFSS) is a nationwide program designed to gather important information on the prevalence of health risk factors. The BRFSS is a cooperative effort of the Centers for Disease Control (CDC) and the various participating states. It was designed and is administered by CDC. It uses telephone interviews with randomly selected adult respondents throughout each participating state to gather the data which, when processed and analyzed, then become the basis for program planning and administration.

Highlights of the 1986 BRFSS survey results

Some highlights from the results of the Alabama BRFSS administered in 1986 are as follows: According to the Alabamians interviewed, 24.6% reported they currently smoked cigarettes. Of those, 30.6% were males and 19.3% were females. Ten percent of Alabama residents are current users of smokeless tobacco. More than 62% of Alabamians admitted that they wear seat belts only occasionally or not at all when driving. Nearly one-fourth (22.2%) of Alabamians reported they were at risk for obesity. Approximately 61% of adult Alabama residents do not get enough regular exercise or physical activity. Some 15.6% of those interviewed identified themselves as currently hypertensive. Importantly, nonwhite females were the highest risk group at 23.1% followed by nonwhite males at 19.4%. A summary report provides details on these and other health risk factors for Alabamians.

BRFSS response rate exceeds CDC goal

The figures below indicate Alabama's successful response rate which well exceeds CDC's goal. The 1987 rate could very well be the highest in the nation. This is just one of four indicators which demonstrate Alabama's rates exceed the CDC norm in every case. The BRFSS is constantly being refined and expanded. It promises to provide extremely valuable information which can be used to update and strengthen our public health programs.

	1986	1987
Completed Interviews	561	1,188
Alabama Response Rate	92%	94.1%
CDC's Response Rate Goal	90%	90%

Department supports goal of tobacco-free Alabama

The Alabama Department of Public Health is a founding member of the Coalition For A Tobacco-Free Alabama. The goal of the organization is to make Alabama tobacco free by the year 2,000. Thirty-two voluntary and state agencies are members of the coalition. The Office of Health Promotion and Information provides administrative services for the coalition and participates in its subcommittee activities.

In 1987, the coalition set priorities and addressed issues full force. An unsuccessful attempt to pass the proposed Alabama Clean Indoor Air Act during the regular session of the Legislature provided impetus to promote a more aggressive public relations campaign to encourage vendors to reinforce an existing 1898 law which prevents the sale of tobacco products to minors. Other campaigns directed toward the general public schools and worksites were planned as well.

Other smoking-related efforts included conducting seven smoking cessation training programs to enable county health department personnel to implement a smoking cessation intervention program for pregnant women; establishing a Great American Smoke-Out Survival Station to support the American Cancer Society (ACS) by encouraging state health department employees to give up tobacco products; and training nine state employees by ACS to become facilitators for the Fresh-Start smoking cessation programs.

PATCH programs offer comprehensive community health planning

The PATCH (Planned Approach To Community Health) project is a national cooperative health promotion effort

among local communities, the state health departments, and the Centers for Disease Control.

Chambers and Greene counties are established PATCH communities. Residents in these counties are in various stages of program development to address health risk factors identified through their local coalitions on community issues.

This existing PATCH network in Alabama enabled the Office of Health Promotion and Information, in addition to Maine and Ohio, to become the recipient of a three-year grant award from CDC to implement Chronic Disease Initiatives in established PATCH communities to impact on cardiovascular disease and cancer. Chambers and Greene counties identified ranks such as smoking, obesity, and hypertension as some of the major concerns for their communities.

STORKLINE campaign wins national recognition

STORKLINE was initiated in January 1987. Numerous ongoing promotional activities helped spread the word about the toll-free referral service for prenatal care. These included taped television public service announcements (PSAs), news releases, radio PSAs, and news articles. Various promotional fliers and posters were distributed to every health department, human resource agencies and other voluntary groups (upon request) statewide. Three hundred nine packets containing prenatal care information have been mailed to appropriately screened callers in need of services.

The Alabama STORKLINE campaign was honored in October 1987 by the U.S. Department of Health and Human Services and the Public Health Service as one of five states in the nation to receive the Healthy Mothers, Healthy Babies Special Recognition Award. Numerous states have requested information on Alabama's STORKLINE program.

Worksite Health Project increases participation

Through the state Health Department Worksite Health Promotion Project, positive health habits are promoted in the workplace. The goal of the project is to increase productivity, improve job morale, decrease absenteeism, and decrease health costs while providing employees an opportunity to improve their quality of life through lifestyle changes.

The third annual Employee Health Fair was a success. Two hundred seventy employees visited 22 information booths. Some 110 employees signed up for participation in planned health promotion programs (i.e., CPR classes, aerobics, smoking cessation). Four thousand five hundred sixty-one pieces of material were distributed. Community Challenge was an added feature this year. This gave interested health department employees an opportunity to compete city-wide in fun and fitness events sponsored by the Jackson Hospital Foundation League for charity. Forty health department employees participated in activities.

The state Health Department staff is available to assist other state departments and private industries with plans to replicate the project. Other health promotion activities were offered as well.

Information Branch

PROGRAM GOALS: To improve public health by providing health information through the mass media; to respond to requests from the public and health care professionals for health information; and to inform the staff and public of departmental objectives and initiatives through department publications.

Mass media activities reflect increased department activities

An increase in activities throughout the department in 1987 required an increase in mass media communications by the Information Branch. During this year the branch distributed to media throughout the state 4,841 press releases and public service announcements containing information on health department activities, legislative initiatives, town meetings, public hearings, meetings, conferences, safety issues, and special health observances.

There's always a new generation of parents and children who need to hear the many messages on health and safety the department sends out each year. The need to inform the public on health programs that can reduce premature death and disability has greatly increased. During 1987 the Office of Health Promotion and Information distributed over 4,841 press releases and television and radio public service announcements; these included a 46-station radio network broadcast of weekly radio public service announcements by State Health Officer Dr. Earl Fox on a wide range of health concerns. Over 460,000 pieces of educational materials were distributed, and over 159,000 viewers were reported attending presentations of health films from the health department's film library.

The branch was also responsible for arranging news conferences and media coverage of public health activities and providing press clippings and videotaped news broadcasts to the department.

1987 mass media activities included:

- Producing a weekly radio public service announcement called "Alabama Healthline" for broadcast on a 46-station network. This series covered a wide range of health subjects, including various services of the department.
- Developing and producing in cooperation with the Alabama Primary Health Care Association a series of public service announcements which were shown on a regular monthly basis on all television stations in the state.
- Creating and producing a 20-minute television feature on smoking which was aired in Montgomery, Mobile, and Birmingham.
- Participating in a smoke-out campaign sponsored by a Mobile radio and television station.
- Producing a series of television announcements dealing with nutrition, prenatal care, and WIC activities.
- Securing and preparing for release public service announcements offering information on department program services and on behaviors to facilitate general wellness.
- Providing timely information on illness and injury prevention activities. The branch serves as a special media liaison for the U.S. Consumer Product Safety Commission, the National Weather Service, and the Alabama Emergency Management Agency to provide the public with knowledge on product safety, health-threatening weather conditions, and nuclear plant incidents. This office also offers information on obtaining health services such as immunizations, environmental services, smoking cessation classes, chronic disease prevention activities, and cardio-pulmonary resuscitation (CPR) training.

Publications cover wide variety of health information

In 1987 the branch provided a full range of publications services, including research, writing, editing, design, mailing list development, and distribution.

1987 publications activities included:

- Continuing the monthly publications *Alabama's Health* and *Alabama Health Update* which inform employees and the general public about health news and accomplishments of the department and employees.
- Initiating a periodical for health care professionals titled *Alabama Health Issues.*
- Developing, producing, providing production and editorial assistance, and/or distributing brochures, booklets, pamphlets, newsletters, posters, displays, conference and meeting materials, and other informational items on a variety of subjects, including maternal and child health, older citizens' health care protection, flu shots, the First Alabama AIDS Symposium, breastfeeding, and worksite health promotion projects.
- Continuing to publish the department annual report and the calendar to provide employees and the public with information on health department activities.
- Providing assistance in grant writing.

Audio-visual services respond to increasing demands

The branch continued to provide audio-visual equipment and technical services to present informational material as needed throughout the state at conferences, meetings, training sessions, and other programs. Audio-visual equipment and display requests filled numbered approximately 1,000.

Increased demands were made for copies of video and audio tapes, and video taping of training sessions.

Film library services focus on acquiring latest health issues

The film library maintains over 600 films, filmstrips, and video cassettes on health-related topics and distributes them free of charge to the public upon request. In 1987 4,880 film requests were received. Of these, 4,596 orders were filled, with reported viewers totalling 159,289.

In response to public demand, special efforts were made to research the educational film market for material on AIDS and drug and alcohol abuse.

The department film catalogue, available at no charge to the public, was revised to include recent acquisitions.

Library research services develop computer resources

To meet the expanding needs of department personnel for current health-related issues, in 1987 the Information Branch further developed the use of bibliographic searching by computer, which was initiated in 1986. Computer searching and securing articles increased considerably the last half of the year. To respond to 167 requests, 7,891 items of information were provided.

To facilitate securing copies of journal articles, the office now participates in a system called DOCLINE. The computer request is routed through the National Library of Medicine computers to a library which has the journal.

Currently the only data bases accessed are through the National Library of Medicine. Consideration is being given to other systems which would expand the subjects available. Furthermore, concerted efforts have been made to strengthen working relationships with area and state librarians who have access to health information. Thus each benefits from everyone's collections.

In 1987 the public health library was dismantled to provide space for department personnel. Library needs of the department are currently being evaluated to determine space and funding requirements for re-establishing a library site. Until such space and resources are available, holdings cannot be increased.

Administrative Services Focusing On More Effective Operations

The administration of Public Health in Alabama is a complex business with over 3,400 health department employees working to deliver services in every county. Health care activities require extensive cooperative efforts to assess individual community needs and to implement programs. Complex legal, political, social, and economic issues must be addressed concerning hundreds of thousands of people, and proposals for fiscal, legislative, professional, and public support require extensive substantiation of the necessity and potential effectiveness of the activities proposed.

With budgets, time, and personnel becoming tighter every year, principles of organizational development, team building, computer and other technologies, and measurements of efficiency and effectiveness must be dynamically applied to build an organization that can fulfill this department's vital function of safeguarding the public's health.

Office of Administrative Services

Finance Branch

PROGRAM GOALS: To conduct all fiscal transactions for the state health department and for the county health departments; to assure that all expenditures are within the budget through thorough accounting records of the receipt and expenditure of allocated funds.

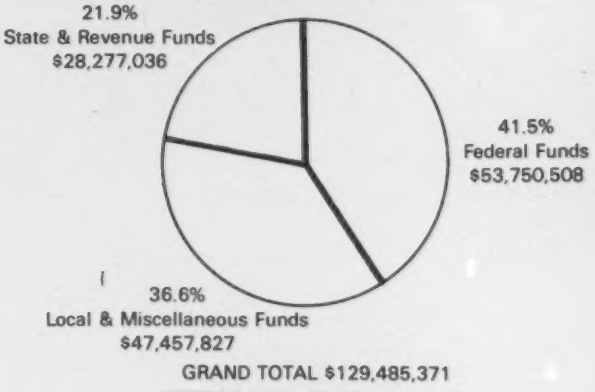
The Finance Branch continued to perform its responsibilities of budgeting, accounting, purchasing, securing supplies, and approving payment of bills during 1987. As the fiscal office of the department the Finance Branch conducts all fiscal transactions for the state health department and for county health departments.

Thorough accounting records are kept of the receipt and expenditure of allocated funds to assure that all expenditures are within the budget. All supplies and equipment needed to perform public health duties are requisitioned and processed through this branch. The branch is also responsible for processing payroll records, channelling reimbursement for travel expenses, and maintaining the records of the cost accounting system.

Operating Statement of Funds Fiscal Year 1987

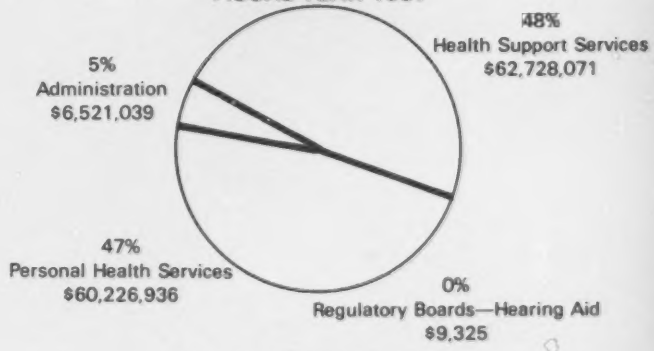
The following tables and graphs summarize the sources and uses of funds for public health during Fiscal Year 1987.

GRAPH 11-1
SOURCES OF FUNDS RECEIVED
FISCAL YEAR 1987



GRAND TOTAL $129,485,371

GRAPH 11-2
EXPENDITURE OF FUNDS
FISCAL YEAR 1987



GRAND TOTAL $129,485,371

TABLE 11-1
SUMMARY OF RECEIPTS, DISBURSEMENTS AND BALANCES BY SPECIAL SOURCE OF FUNDS
FISCAL YEAR 1987

Source	Balance 10-1-86	Receipts	Expended	Balance 9-30-87
STATE AND REVENUE FUNDS				
General Fund—Health	455,307.49	15,601,500.00	15,372,857.85	683,949.64
ACT 86-645 87	—0—	2,000,000.00	1,847,406.91	152,593.09
ASETF Perinatal	507,742.45	2,000,000.00	1,991,757.92	515,984.53
ASETF Health Support	206,633.34	4,490,973.24	4,341,749.80	355,856.78
Total	1,169,683.28	24,092,473.24	23,553,772.48	1,708,384.04
2¢ Cigarette Tax	158,085.75	4,006,772.57	2,685,028.12	1,479,830.20
1¢ Cigarette Tax	580,673.68	(570,869.80)	9,803.88	—0—
Radiation Safety	130,236.30	49,864.50	114,486.51	65,614.29
Hospital Licenses	203,138.76	228,885.00	207,797.58	224,226.18
Vital Statistics Fees	736,559.76	1,120,765.10	1,631,317.76	226,007.10
Emergency Medical Services	37,919.18	38,572.00	65,505.13	10,986.05
Hearing Aid Licenses	30,859.85	22,600.00	9,324.76	44,135.09
Total	1,877,473.28	4,896,589.37	4,723,263.74	2,050,798.91
TOTAL STATE AND REVENUE FUNDS	3,047,156.56	28,989,062.61	28,277,036.22	3,759,182.95
FEDERAL FUNDS				
Family Planning	224,796.76	4,155,059.72	3,964,593.76	415,262.72
Maternal and Child Health	483,198.50	8,543,865.50	8,422,634.68	604,429.32
Preventive Health Block	74,603.85	1,266,920.00	1,277,130.88	64,392.97
WIC Food Program	544,135.91	36,500,303.82	36,537,157.81	507,281.92
Home Health Escrow	283,823.25	—0—	—0—	283,823.25
Sexually Transmitted Diseases	31,343.66	831,373.46	860,070.58	2,646.54
AIDS	1,512.37	251,000.00	252,546.59	(34.22)
Immunization	58,345.20	270,000.00	323,589.79	4,755.41
Tuberculosis	1,496.46	95,000.00	93,676.95	2,819.51
Refugee	1,591.05	17,500.00	18,906.56	184.49
National Health Service Corps	5,876.54	126,500.00	134,661.82	(2,285.28)
Radiological Health	57,216.45	27,750.00	83,189.52	1,776.93
FDA Food Inspection	1,064.06	5,000.00	2,170.07	3,893.99
Vital Statistics—NCHS	565.62	126,500.00	130,959.74	(3,894.12)
Homemaker	—0—	8,000.00	7,189.01	810.99
Diabetes	—0—	91,000.00	89,792.22	1,207.78
Risk Surv.	—0—	12,000.00	10,919.10	1,080.90
Revolving Fund	(2,628.10)	4,888.53	11,728.40	(9,467.97)
Medicare/Medicaid	(667,284.10)	1,654,765.77	1,529,590.11	(542,108.44)
TOTAL FEDERAL FUNDS	1,099,657.48	53,987,426.80	53,750,507.59	1,336,576.69
LOCAL AND MISCELLANEOUS FUNDS				
Dental Contracts	56,345.51	11,867.90	18,733.73	49,479.68
OHTS Contracts	(22,039.92)	222,480.63	300,209.20	(99,768.49)
Laboratory Contracts	189,303.30	702,283.55	566,828.11	324,758.74
Indirect Cost Earned	1,392,805.72	2,981,287.06	3,242,111.98	1,131,980.80
Consumer Products Safety	9,217.22	541.81	9,759.03	—0—
Vital Statistics	47,431.55	148,994.35	6,056.40	190,369.50
Nuclear Monitoring	61,420.44	98,738.16	114,593.47	45,565.13
Radon	—0—	67,230.46	69,845.18	(2,614.72)
Miscellaneous Reimbursement	43,602.33	78,710.38	51,402.74	70,909.97
Local Appropriations	5,095,553.84	*43,533,230.75	*43,078,286.98	5,550,497.61
Total Local & Miscellaneous	6,873,639.99	47,845,365.05	47,457,826.82	7,261,178.22
GRAND TOTAL	$11,020,454.03	$130,821,854.46	$129,485,370.63	$12,356,937.86

*Includes $24,095,302.00 in funds collected and expended locally.

TABLE 11-2
SUMMARY OF PROGRAM DISBURSEMENTS BY GENERAL SOURCE OF FUNDS
FISCAL YEAR 1987

Program	All Funds	State and Revenue Funds	Federal Funds	Local and Other Funds
ADMINISTRATIVE				
Executive	426,672.22	378,209.24	—0—	48,462.98
Finance	812,294.88	808,197.61	4,097.27	—0—
Personnel	238,898.62	238,898.62	—0—	—0—
Internal Audit	118,525.73	118,525.73	—0—	—0—
Legal Services	122,171.56	122,171.56	—0—	—0—
Health Data	1,687,430.95	1,687,430.95	—0—	—0—
Management & Planning	302,912.72	246,098.59	56,814.13	—0—
Health Promotion & Information	847,720.38	500,024.36	10,919.10	336,776.92
General Operations	1,964,412.27	528,405.64	103,056.75	1,332,949.88
Total	6,521,039.33	4,627,962.30	174,887.25	1,718,189.78
PERSONAL HEALTH SERVICES				
Primary Care	134,661.82	—0—	134,661.82	—0—
Cancer Detection	354,493.66	353,652.78	840.88	—0—
Perinatal	1,658,549.91	1,658,468.51	81.40	—0—
Family Planning	5,268,004.07	1,303,410.31	3,964,593.76	—0—
Maternal & Child Health	8,760,917.22	334,160.41	8,426,756.81	—0—
WIC Nutrition	36,537,159.81	—0—	36,537,159.81	—0—
Hypertension	365,246.25	16,550.39	348,695.86	—0—
Diabetes	89,792.22	—0—	89,792.22	—0—
Tuberculosis	2,304,633.99	1,843,110.95	93,676.95	367,846.09
Sexually Transmitted Diseases	1,858,583.35	129,621.97	1,112,727.51	616,233.87
Immunization	1,440,633.62	1,117,043.83	323,589.79	—0—
Epidemiology	171,451.70	171,451.70	—0—	—0—
Dental	481,201.01	430,657.75	—0—	50,543.26
Nursing	92,906.85	3,642.85	—0—	89,264.00
Long Term Care	488,280.95	13.34	7,189.01	481,078.60
PHS Administration	220,419.79	201,513.23	18,906.56	—0—
Total	60,226,936.22	7,563,298.02	51,058,672.38	1,604,965.82
HEALTH SUPPORT SERVICES				
Clinical Laboratory	5,258,909.91	4,075,324.49	616,757.31	566,828.11
Vital Statistics	1,434,587.85	1,297,571.71	130,959.74	6,056.40
Inspection	723,298.87	721,128.80	2,170.07	—0—
Environmental Quality Assurance	99,800.56	99,800.56	—0—	—0—
General Sanitation	236,337.73	193,350.90	42,986.83	—0—
Asbestos Abatement	143,386.64	143,386.64	—0—	—0—
Radiological Health	685,756.16	418,127.99	83,189.52	184,438.65
Licensure & Certification	1,767,115.68	237,646.57	1,529,590.11	(121.00)
Emergency Medical Services	335,324.49	65,505.13	108,820.00	160,999.36
Env. & Facility Standards Admin.	119,372.09	119,372.09	—0—	—0—
Local Health Units	51,924,180.34	8,705,236.26	2,474.38	*43,216,469.70
Total	62,728,070.32	16,076,451.14	2,516,947.96	*44,134,671.22
Regulatory Boards				
Hearing Aid	9,324.76	9,324.76	—0—	—0—
Grand Total	$129,485,370.63	$28,277,036.22	$53,750,507.59	*47,457,826.82

*Includes $24,095,302.00 in funds collected and expended locally.

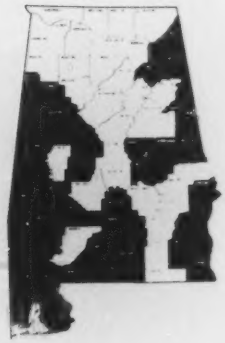
TABLE 11-3
SUMMARY OF DISBURSEMENTS BY OBJECT
FISCAL YEAR 1987

Object	Expended
Personnel Costs	$39,420,786.81
Employee Benefits	8,421,019.31
Travel—In-State	2,267,297.39
Travel—Out-of-State	111,662.63
Repairs and Maintenance	257,429.73
Rentals and Leases	665,263.98
Motor Pool	111,091.76
Utilities and Communication	1,985,226.49
Professional Services	2,391,809.32
Supplies and Materials	2,497,519.96
Drugs and Medical Supplies	2,106,592.84
Food—Women, Infants and Children	28,887,676.22
Indirect Cost	2,974,709.51
Employee Training	15,135.61
Transportation and Equipment Operations	38,054.58
Grants and Benefits	9,133,324.35
Capital Outlay	69,032.97
Transportation Equipment Purchases	12,182.00
Other Equipment Purchases	632,085.68
Interest	7,170.12
Non-Expenditure Disbursements	3,384,997.37
County Health Funds Collected and Expended Locally-Jefferson & Mobile	24,095,302.00
Total	$129,485,370.63

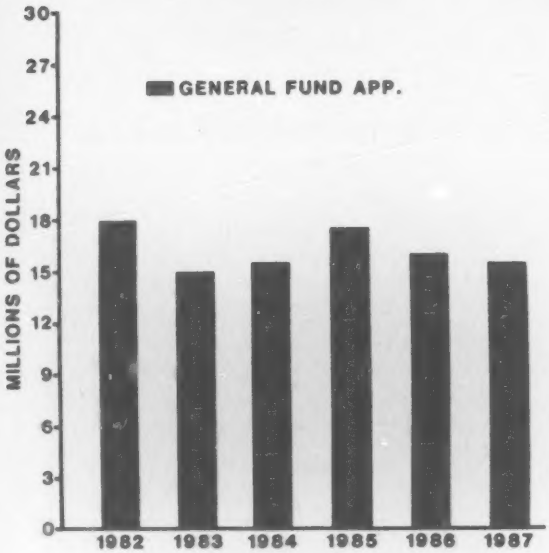
The department works with state legislators, government agencies, health professionals and the public to provide recommendations for legislation and funding that will help assure cost-efficient, quality protection of the public's health.

GRAPH 11-3
COUNTIES WITH ACTUAL OR
PROJECTED OPERATING DEFICITS
FY 87-89

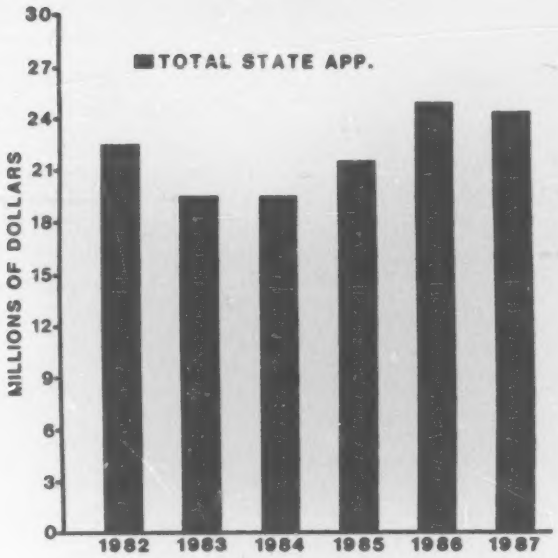
BALDWIN
BARBOUR
BIBB
BUTLER
CHAMBERS
CHEROKEE
CLARKE
CLEBURNE
CONECUH
COOSA
COVINGTON
CRENSHAW
DALE
DEKALB
ELMORE
ESCAMBIA
ETOWAH
FAYETTE
GREENE
HENRY
HOUSTON
LAMAR
LOWNDES
MARENGO
MOBILE
PERRY
PICKENS
PIKE
RANDOLPH
RUSSELL
SUMTER
TALLAPOOSA
TUSCALOOSA
WASHINGTON
WILCOX



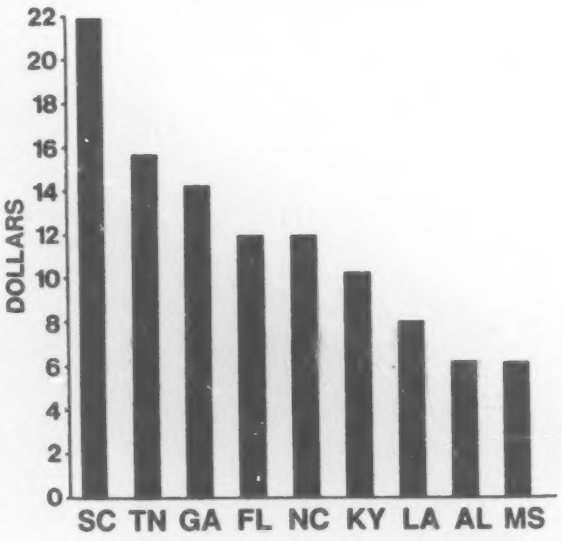
GRAPH 11-4
PUBLIC HEALTH APPROPRIATIONS
1982-1987



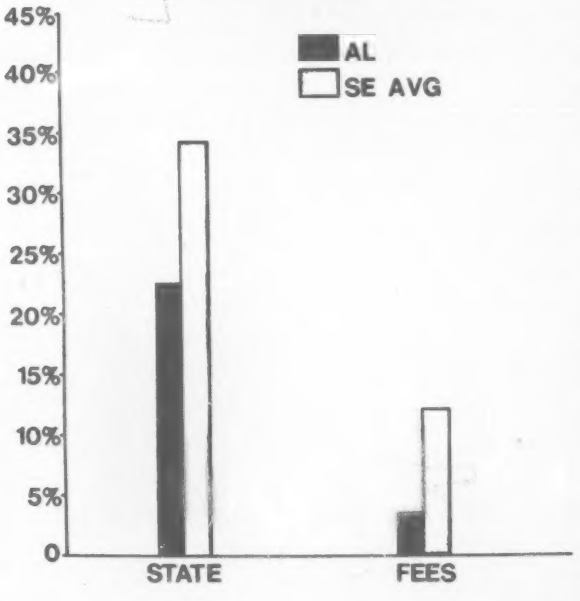
GRAPH 11-5
PUBLIC HEALTH APPROPRIATIONS
1982-1987



GRAPH 11-6
STATE PER CAPITA SPENDING
FOR PUBLIC HEALTH
FOR SOUTHEASTERN STATES



GRAPH 11-7
SOURCE OF FUNDS AS % OF TOTAL
ALABAMA COMPARED TO SE AVERAGE



Health Data Systems Branch

PROGRAM GOALS: To develop and maintain information systems that provide data services for the Alabama Department of Public Health.

Branch works to develop statewide data system

Among its many activities in 1987, the Health Data Systems Branch worked on the establishment of a statewide automated data resource system that will integrate and communicate information among county, area, and state health department offices and will expedite provision of information to the public.

1987 activities included:

478,340 Reports/information produced
341 Programs designed and modified
48,840 Jobs
140 Million lines of printed output

Data users increased from 25 in 1986 to 28 during this time.

A major department project is to develop and implement a statewide automated data system that will link county and state health department offices. This system promises to have a significant impact on reducing time-consuming paperwork and expediting requests for information.

Personnel and Staff Development Branch

PROGRAM GOALS: To devise, recommend, and implement personnel policies and programs resulting in a more effective, efficient workplace.

Job analysis creates changes

During 1987 the Personnel and Staff Development Branch was very active in a program of job analysis to not only ensure the best efforts in maintaining properly classified positions with fair and equitable remuneration but also to prepare for the upcoming changes in the State Performance Evaluation System. During this time there were job studies and task analyses made on 102 existing positions in the department, resulting in 95 positions being reallocated to different classifications. Also, 132 new positions were established to meet departmental needs. Some of the new positions were filled with existing staff, resulting in a number of vacant positions being abolished.

Recruitment efforts

The combined recruiting efforts of the Health Department and the state Personnel Department resulted in 516 registered nurses being placed on the state employment registers. Other recruitment figures included 138 environmentalists, 25 microbiologists, 46 nutritionists, 27 nutrition assistants, 36 radiation physicists, 15 nurse practitioners, 2,093 health services aides, 9 health educators, 43 solid waste officers, 2 pharmacists, 81 environmental health specialists, and 17 public health physicians.

1987 Calendar Year Employee Statistics

Total Number of Employees	2,343
Number of State Employees	725 (31%)
Number of County Employees	1,618 (69%)
(Jefferson & Mobile counties excluded since they are under separate merit systems.)	
New Employees Who Were Minorities	31%
Total Employees Who Were Minorities	26.06%
Job Studies and Task Analyses Made	102
Position Reclassifications	95
New Positions Established	132

Accessions totalling 551 consisted of 259 original probationary, 39 temporary, 9 provisional, 17 reemployment, 16 transfer, and 211 unskilled appointments. There were 77 promotions for this period.

Separations numbered 418, of which there were 264 resignations, 23 transfers, 52 expirations of appointment, 28 layoffs, 2 dismissals, 1 termination of probationary appointment, and 2 deaths. Forty-six employees retired during the year.

Counseling helps resolve employee complaints/ grievances

The Personnel Branch continues to provide administrative support and guidance in the principles of progressive discipline in resolving complaints and grievances involving employees. During Calendar Year 1987, there were a total of 98 complaints involving employees as follows: performance, 53; leave abuse, 18; insubordination, 7; relationship with coworkers, 4; integrity (ethics—conduct), 8; negligence, 1; and Employee Assistance Program, 7.

Through the counseling provisions of progressive discipline, 51 complaints involving employees were administratively resolved and/or corrected. Employees were provided appropriate due process in the following personnel actions:

Termination	2
Resignation in Lieu of Termination	6
Resignation with Counseling	4
Suspension	3
Retirement in Lieu of Termination	3
Disability Retirement with Counseling	2
Retirement with Counseling	1
Letters of Reprimand	5
Reassignment of Duties	1
Transfer to Other Agencies	2
Pending Resolution	11
Employee Assistance Program	7
TOTAL	98

Of the seven Employee Assistance Program participants, four were referred for professional counseling and treatment for health problems, personal and family problems, and substance abuse. Eleven complaints are in process and pending resolution at this time.

Affirmative action increases minority appointments

In the area of affirmative action, the work force analysis reflects 26.06% minorities in the department work force. There have been significant and continuing increases in the number of minorities in the work force in the past three years. During the past year, minorities were appointed to 23 professional level positions, 39 clerical, and 111 paraprofessional level appointments for a total of 193 minority appointments. There is a continuing improvement in the percentage of minorities in clerical and professional positions, and the 9.40% minorities in official/ administrative categories represent a 100% increase over the 4.60% minorities in these categories since 1982. Periodic visits are made to Alabama State, Tuskegee University, Miles College, and Alabama A&M for career day activities and/or special job interviews.

Workshops improve skills, communications

The Public Health Department held three clerical workshops for county clerical employees in September 1987; these were conducted at north, central, and south Alabama locations. A workshop was also held in October for state level clerical staff in Montgomery. The attendance averaged 50 employees attending each workshop.

These workshops were conducted by staff members of Personnel and Staff Development, Family Health Services, Finance, Vital Statistics, and Immunization. The instructors provided information on both new and standing procedures that are utilized by the clerical employees in their work locations. Question and answer sessions were provided through topic discussions in each workshop to assist the attendees with any problems they were having or might encounter. Handouts and manuals were provided for each person attending to use in their offices for reference material to help them in their duties.

Office of Internal Audit

PROGRAM GOALS: To safeguard against the loss of time, money, and quality in the administration of department programs by reviewing and appraising the effectiveness and application of various accounting, financial, and other operating controls and making recommendations for operating improvements in these areas.

Activities of Internal Audit in 1987 included:

- 15 county health department audits in eight counties.
- 230 contract reviews.
- Responding with assistance to requests from three county health departments in developing better methods of cash control.
- Monitoring monthly reports of activities in local funds held in county health departments, and compiling data into quarterly reports.
- Monitoring all county level and state level budgets prior to budget hearings.
- Participating in all budget hearings.
- Participating in workshops training county level and state level personnel in budget preparation.
- Assisting examiners from the Department of Examiners of Public Accounts with audit of the Department of Public Health by obtaining information and data as requested.
- Participating in the Alabama Management Improvement Program by coordinating the "Fee For

Service" study, including attending meetings to answer questions; coordinating questionnaires which had to be completed department-wide for every license issued and fee collected; responding in writing to recommendations made by Alabama Management Improvement Program.

- Assisting consultants working on Medicare Cost Reports for four fiscal years by coordinating the collection of cost data including monitoring questionnaires sent to all county health departments to collect costs which do not flow through the central office Finance Branch; obtaining other information and data as requested.
- Participating in Home Health Fee for Service Workshop.
- Monitoring activity in Child Restraint Loaner/Rental Programs.
- Responding to questions from county personnel involving accounting matters by researching, explaining, and interpreting statutory and departmental regulations.

Audits to be increased

The Office of Internal Audit has budgeted to increase audit staff to capacity in order to audit every county health department at least once each year.

Additionally, audits of the central office will be developed and expanded.

Office of Management Services

Legal Branch

PROGRAM GOALS: To provide the highest level of legal expertise to benefit the public health, to provide sound legal information for decision-making, and to protect the various entities of public health.

Litigation handled in 1987

The principal mission of the General Counsel is to provide swift and efficient in-house legal counseling to the state health officer, the State Board of Health, the state Health Department, the various county boards of health and the county health departments. This involves general legal counseling to avoid litigation or to achieve compliance with various departmental regulations. In this capacity, the General Counsel reviews and drafts contracts and leases, regulations, and statutes affecting public health.

When litigation is necessary, the General Counsel represents department personnel as defender or prosecutor. In 1987, the two attorneys in the Legal Branch defended 18 lawsuits and filed 6 as plaintiff. These dealt with Environmental Health, Sexually Transmitted Diseases, Tuberculosis, Licensure and Certification, and Personnel and Staff Development. Additionally, the General Counsel represented the department's position before the Board of Adjustment, state Personnel Board and Hearing Officers deciding Special Supplemental Food Program for Women, Infants, and Children (WIC), Division of Licensure and Certification (DLC), Emergency Medical Services (EMS), General Sanitation, and other license revocation actions. The General Counsel has also served as both counsel and prosecutor for the Alabama Hearing Aid Dealer's Board.

Planning and Evaluation Branch

PROGRAM GOALS: To design and implement realistic plans for improving the public's health.

Numerous activities to establish planning and performance models

To increase efficiency of county health department staffs, all forms used in the state were reviewed and a number were discontinued. Additional study was initiated through a clinical record consultation contract. The workload analysis which measures efficiency was further refined to more accurately measure efficiency. Piloting of a common encounter form in four counties will lead to elimination of several forms and increased efficiency. Desired achievements of public health services at the state and county were documented through the implementation of the department's Performance Operation Plan. Public access to county health departments was aided by the erection of highway directional signs at key highway points.

The department now has in place the major tools for planning and evaluating performance. Further refinements and developmental initiatives are expected to establish these systems as models for other states.

Plans and Construction Branch

PROGRAM GOALS: To search for sources of funding for the Public Health Department and to obtain or assist in obtaining resources needed in the public health system.

Ensuring health facility safety, quality, efficiency

One objective of the Plans and Construction Branch is to ensure that all licensed health facilities are safe, efficient, and designed to meet the needs of the people served. To accomplish this, the branch reviews first-stage and final-stage plans and makes preliminary and final construction inspections and annual surveys. The branch also provides consultation services to determine the size and adequacy of

all departments and to determine the bed capacity or adequacy of the facility in general. The branch monitors compliance with the conditions of participation in Medicare and Medicaid that require nursing homes, freestanding ambulatory surgery centers, and non-accredited hospitals to comply with the Life Safety Code of the National Fire Protection Association. This is accomplished by annual surveys, follow-up surveys, and consultation visits.

The branch also monitors compliance with the building regulations which the State Board of Health has established as a part of the licensing requirements for hospitals, nursing homes, end stage renal dialysis centers, rehabilitation centers, abortion clinics, ambulatory surgical treatment facilities, and domiciliaries. Long-range plans are reviewed in conjunction with the first-stage plans.

Evaluating county health department buildings

Another objective of the branch is to evaluate all of the county health department buildings since most of them were constructed in the 1950s and 1960s. The design and capacity of the buildings were suitable for the period when constructed. To accomplish this, the physical plant and equipment needs of each local health department must be surveyed. A cost figure will be developed for each county health department, and the survey reports will be studied, cost estimates made, and plans developed to secure sources of capital financing.

Other activities

The branch serves the Department of Public Health when construction, renovation, or maintenance is required for the county health department buildings, the state clinical laboratories, and other buildings occupied by the Health Department.

The branch provides architectural and engineering services to the State Health Planning Agency. These services include reviewing plans, making inspections for federally funded projects, and reviewing schematic plans submitted with Certificates of Need Applications.

PROJECTS WITH PLANNING INITIATED IN 1987

	Projects	New Beds	Replacement Beds	ESRD Stations
Hospitals	55	87	190	
Nursing Homes	18	112		
End Stage Renal Disease Centers	7			96
Domiciliaries, Institutional	5	395		
Domiciliaries, Small Group	28	440		
Ambulatory Surgical Centers	3			
Rehabilitation Centers	5			

Those figures do not include projects which were for equipment only.

Life Safety Code Inspections	290
Follow-up Inspections	225
Construction Inspections	145

Policy Analysis Branch

PROGRAM GOALS: To provide in-depth analysis of proposed and existing policies and to provide reliable information to guide decisions on health services.

Integrated Core Services initiative coordinated

Coordination of the Integrated Core Services initiative for personal health was provided through this branch. This initiative seeks to ensure daily accessibility of certain clinic services in each local health department. This goal was pursued by developing a model(s) which restructured service delivery to be more conducive to satisfying individual patient needs. A five-member team was selected from staff in the Bureau of Personal Health Services to define the integrated core services concept and work with area and local staffs in establishing demonstration sites. Six county health departments were chosen for these sites. These experiences provided the basis for composing a training manual for integrated core service delivery which has been made available to service staff. A workshop was held for area and local staff to discuss strategic plans for implementing the initiative throughout each public health area.

Health Department staff worked with the Governor's Alabama Management Improvement Project team to identify factors that affect efficiency and make recommendations to improve operations at all levels in the department.

Management Improvement Study provides recommendations

Coordination was provided for the Alabama Management Improvement Study of the Department of Public Health. An initiative of the Hunt Administration, the study was conducted by a group composed of department employees, private industry officials, and management consultants. Its purpose is to improve operations of all state agencies by enhancing revenue potential and reducing costs. The study of the Department of Public Health resulted in 50 recommendations. An implementation plan was developed for each recommendation by the departmental unit most affected. Implementation of all recommendations will be an ongoing project which is scheduled for completion in September 1990.

Clinic records review cites needed changes

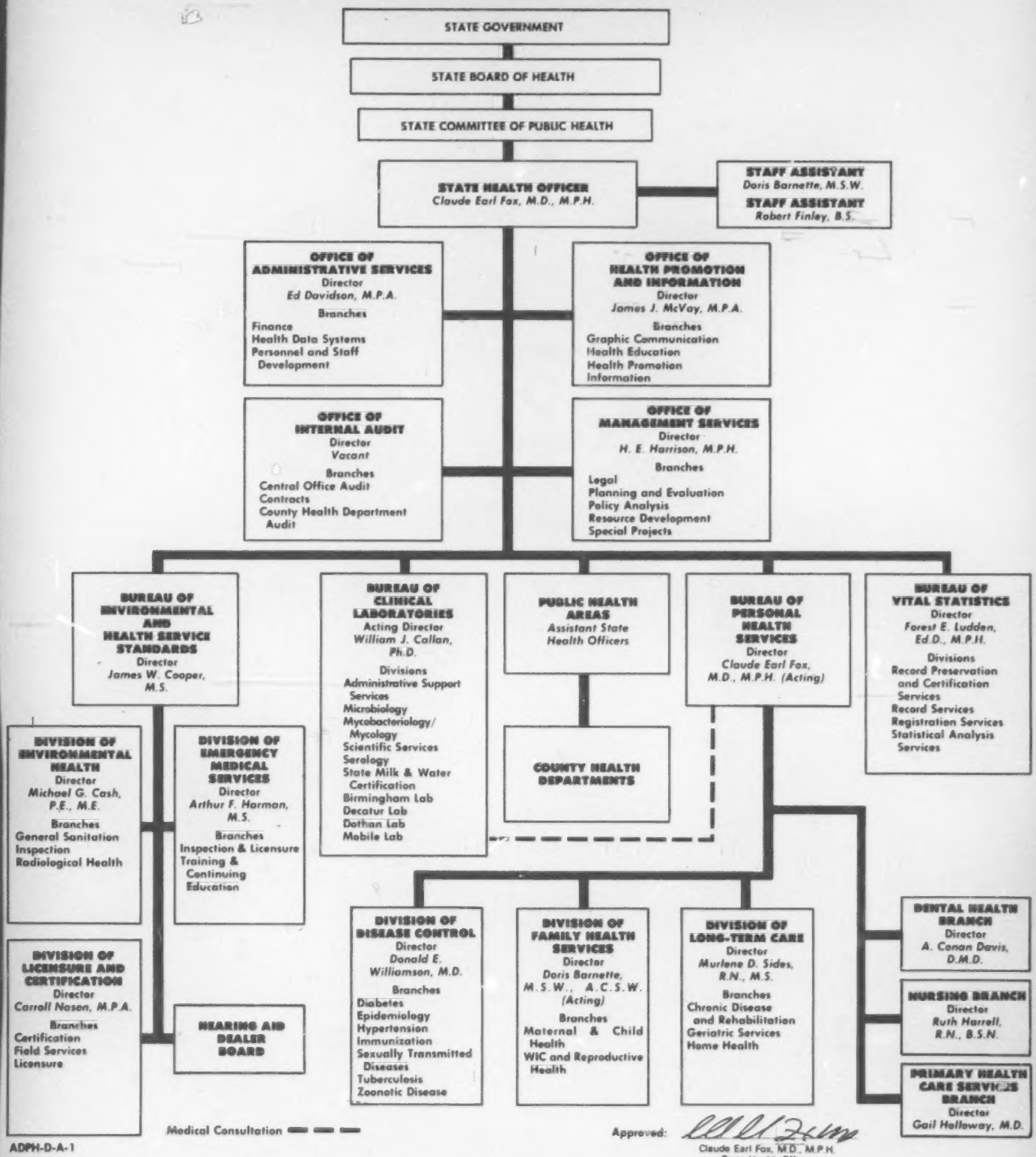
A review of clinic records was undertaken during the previous year. A medical record consultant group from UAB was retained to develop new forms and make recommendations on needed changes. This initial report has been received and a final report will be developed.

Several plans to be implemented in 1988

Initiatives for the coming year include:

- Working with Environmental and Personal Health Services staff to develop productivity standards for use in assessing activities at the local level.
- Establishing a management assistance program to support area staff in identifying and resolving managerial problems in service delivery.
- Ensuring timely implementation of the recommendations resulting from the Alabama Management Improvement Program.
- Coordinating revision and implementation of new clinic record forms used in the department.
- Coordinating development of a Policy and Procedures Manual for the department.

ORGANIZATION OF THE ALABAMA DEPARTMENT OF PUBLIC HEALTH



ADPH-D-A-1

Approved:

Claude Earl Fox, M.D., M.P.H.
State Health Officer
December 3, 1987

ALABAMA DEPARTMENT OF PUBLIC HEALTH
MAILING ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS, HEALTH OFFICERS AND ADMINISTRATORS
April 1, 1988

COUNTY/DISTRICT	NAME	TITLE	TEL. NO.	MAILING ADDRESS
PUBLIC HEALTH AREA # 1	Betty W. Vaughan, M.D.	ASHO	353-7021	Box 1628, Decatur 35602-1628
NORTHWEST AL REGIONAL HEALTH DEPT.			383-1231	Box 929, Tuscumbia 35674-0929
Colbert	Karen Landers, M.D.	DHO	383-1231	Box 929, Tuscumbia 35674-0929
Franklin	Karen Landers, M.D.	DHO	332-2700	Box 100, Russellville 35653-0100
Lauderdale	Karen Landers, M.D.	DHO	764-7453	Box 1036, Florence 35631-1036
TRI-COUNTY DIST. HEALTH SERVICES			353-7021	Box 1628, Decatur 35602-1628
Cullman	Betty W. Vaughan, M.D.	DHO	734-1030	Box 1678, Cullman 35056-1678
Lawrence	Betty W. Vaughan, M.D.	DHO	974-1141	Box 308, Moulton 35650-0308
Limestone	Betty W. Vaughan, M.D.	DHO	232-3200	Box 889, Athens 35611-0689
Morgan	Betty W. Vaughan, M.D.	DHO	353-7021	Box 1628, Decatur 35602-1628
Jackson	Lyle Haas	HSA	259-4161	Box 398, Scottsboro 35768-0398
Madison	Lawrence L. Robey, M.D.	LHO	539-3711	Box 425, Huntsville 35804-0425
Marion	Leland Screws	HSA	921-3118	Box 158, Hamilton 35570-0158
Marshall	Lyle Haas	HSA	582-3174	275 Gunter Ave., Guntersville 35976-1111
Winston	Leland Screws	HSA	489-2101	Box 57, Double Springs 35553-0057
PUBLIC HEALTH AREA # 2	E. Kenneth Aycock, M.D.	ASHO	345-4131	1101 Jackson Ave., Tuscaloosa 35401-3299
WEST AL DISTRICT HEALTH DEPT.			345-4131	1101 Jackson Ave., Tuscaloosa 35401-3299
Bibb	E. Kenneth Aycock, M.D.	DHO	926-9702	105 Church St., Centreville 35042-1207
Greene	E. Kenneth Aycock, M.D.	DHO	372-9361	Box 269, Eutaw 35462-0269
Lamar	E. Kenneth Aycock, M.D.	DHO	695-9195	Box 548, Vernon 35592-0548
Pickens	E. Kenneth Aycock, M.D.	DHO	367-8157	Rt. 2, Box 202, Carrollton 35447-9599
Tuscaloosa	E. Kenneth Aycock, M.D.	DHO	345-4131	1101 Jackson Ave., Tuscaloosa 35401-3299
Fayette	John Toppins	HSA	932-5260	Box 351, Fayette 35555-0351
PUBLIC HEALTH AREA # 3	Melinda G. Rowe, M.D.	ASHO	699-3554	Box 1190, Leeds 35094-1190
Blount	Frank Banks	HSA	274-2120	Box 96, Oneonta 35121-0096
Chilton	Ron Stutts	HSA	755-1287	Box 1778, Clanton 35045-1778
St. Clair	Ron Stutts	HSA	594-7944	Box 249, Ashville 35953-0249
St. Clair	Ron Stutts	HSA	338-3357	Box 627, Pell City 35125-0627
Shelby	Ron Stutts	HSA	669-3117	Box 976, Columbiana 35051-0976
Walker	Frank Banks	HSA	221-9775	Box 690, Jasper 35502-0690
PUBLIC HEALTH AREA # 4	Robert J. Henderson, M.D.	ASHO	236-3274	Box 488, Anniston 36202-0488
Calhoun	Tommy Nielsen	HSA	237-7523	Box 488, Anniston 36202-0488
Chambers	Ellene Mitchell	HSA	864-8834	Box 319, LaFayette 36862-0319
Cherokee	Jim C. Russell	HSA	927-3132	Box 176, Centre 35960-0176
Clay	Tommy Nielsen	HSA	354-2181	Box 325, Ashland 36251-0325
Cleburne	Tommy Nielsen	HSA	463-2296	Box 36, Heflin 36264-0036
Coosa	Tommy Nielsen	HSA	377-4364	Box 235, Rockford 35136-0235
DeKalb	Jim C. Russell	HSA	845-1931	Box 347, Fort Payne 35967-0347
Etowah	Jean Foster	HSA	547-6311	Box 555, Gadsden 35902-0555
Randolph	Ellene Mitchell	HSA	863-8981	527 Price St., Roanoke 36274--2196
Talladega	Tommy Nielsen	HSA	362-2593	Box 1012, Talladega 35160-1012
Tallapoosa	Ellene Mitchell	HSA	825-9203	Box 125, Dadeville 36853-0870
PUBLIC HEALTH AREA # 5	Joyce Gendzwill, M.D.	ASHO	261-5133	434 Monroe St., Room 900, Montgomery 36130-1701
Autauga	Bobby H. Bryan	HSA	365-3349	Box G, Prattville 36067-0200
Barbour	Russell Killingsworth	HSA	687-4808	Box 238, Eufaula 36027-0238
Bullock	Walter Pack	HSA	738-3030	Drawer 430, Union Springs 36089-0430
Butler	Ziba Anderson	HSA	382-3154	Box 339, Greenville 36037-0339
Coffee	Kenneth Ball	HSA	897-2523	Box 280, Elba 36323-0280
Coffee	Kenneth Ball	HSA	347-9574	Box 1316, Enterprise 36331-1316
Covington	Ziba Anderson	HSA	222-1175	Box 186, Andalusia 36420-0186
Crenshaw	Ron Wheeler	HSA	335-6568	Box 326, Luverne 36049-0326
Dale	Charles Oliver	HSA	774-5146	Box 1207, Ozark 36361-1207
Elmore	Bobby H. Bryan	HSA	567-5171	Box 316, Wetumpka 36092-0316
Geneva	Kenneth Ball	HSA	684-2257	Box 386, Geneva 36340-0386
Henry	Russell Killingsworth	HSA	585-2660	Box 86, Abbeville 36310-0086
Houston	Marilyn E. Crumpton, M.D.	LHO	793-1911	Drawer 2087, Dothan 36302-2087
Lee	Walter Pack	HSA	745-5765	Box 2207, Opelika 36803-2207
Lowndes	Ziba Anderson	HSA	548-2564	Box 35, Hayneville 36040-0035
Macon	Walter Pack	HSA	727-1800	Drawer 180, Tuskegee 36083-0180
Montgomery	Bobby H. Bryan	HSA	263-6671	515 W. Jeff Davis Ave., Montgomery 36104-4807
Pike	Ron Wheeler	HSA	566-2860	Box 425, Troy 36081-0425
Russell	Walter Pack	HSA	297-0251	Box 548, Phenix City 36868-0548
PUBLIC HEALTH AREA # 6	VACANT	ASHO		
	Tom N. Phillips	HSA	261-5081	434 Monroe St. Rm 307, Montgomery 36130-1701
GULF COAST DISTRICT HEALTH DEPT.			937-0217	Box 160, Bay Minette 36507-0160
Baldwin	Tom T. Gray, Jr.	HSA	937-0217	Box 160, Bay Minette 36507-0160
Conecuh	Tom T. Gray, Jr.	HSA	578-1952	Box 110, Evergreen 36401-0110
Escambia	Tom T. Gray, Jr.	HSA	867-5765	Box 66, Brewton 36427-0066
Choctaw	Richard Jayne	HSA	459-2494	315 E. Pushmataha St., Butler 36904-2533
Clarke	Bill Coleman	HSA	275-3772	Box 477, Grove Hill 36451-0477
Dallas	Tom N. Phillips	HSA	874-2550	Box K, Selma 36702-0330
Hale	Thomas C. Stuart	HSA	624-3018	Box 87, Greensboro 36744-0087
Marengo	Bill Coleman	HSA	295-4205	Box 454, Linden 36748-0454
Monroe	Tom N. Phillips	HSA	575-3109	Box 609, Monroeville 36461-0609
Perry	Melvin Maraman, Acting	HSA	683-6153	Box 119, Marion 36756-0119
Sumter	Thomas C. Stuart	HSA	652-7972	Drawer 340, Livingston 35470-0340
Washington	Bill Coleman	HSA	847-2245	Box 417, Chatom 36518-0417
Wilcox	Melvin Maraman, Acting	HSA	682-4515	Box 27, Camden 36726-0027

(Continued on Back)

BRANCH OFFICES

COUNTY			TEL. NO.	MAILING ADDRESS
PUBLIC HEALTH AREA # 7	Alfred R. Stumpe, M.D.	ASHO	690-8158	Box 2867, Mobile 36652-2867
Mobile	Alfred R. Stumpe, M.D.	LHO	690-8158	Box 2867, Mobile 36652-2867
			660-6179 (ATTNet)	
PUBLIC HEALTH AREA # 8	Carole W. Samuelson, M.D.	ASHO	933-9110	Box 2648, Birmingham 35202-2648
Jefferson	Carole W. Samuelson, M.D.	LHO	933-9110	Box 2648, Birmingham 35202-2648
ASHO—Assistant State Health Officer, DHO—District Health Officer, LHO—Local Health Officer, HSA—Health Services Administrator				
Please notify The Office of Management Services of changes or errors, 434 Monroe Street Room 307 Montgomery Alabama 36130-1701, Telephone 261-5081.				
Baldwin			943-2342	321 E. Laurel Avenue, Foley 36535-2680
			928-5504	328 De La Mare Ave., Fairhope 36532-2311
Barbour			775-8324	Box 217, Clayton 36016-0217
Chambers			768-2196	3205 22nd Ave., Valley 36854-3020
Escambia			368-9188	Route 4, Box 33, Atmore 36502-9108
Henry			693-2220	Box 175, Headland 36345-0175
Jefferson			424-6001	Bessemer Health Center 2201 Arlington Ave., Bessemer 35020-4299
			591-5180	Eastern Health Center 5720 1st Ave., South; Birmingham 35212-2599
			699-2442	Leeds Health Center 210 Park Drive, Leeds 35094-1846
			647-0572	Morris Health Center Box 272, Morris 35116-0272
			323-4548	Northern Health Center 2817 North 30th Ave., Birmingham 35207-4599
			788-3321	Western Health Center 1700 Avenue E, Ensley: Birmingham, 35218-1543
			788-7770	Western Mental Health Center 1701 Avenue D, Ensley; Birmingham 35218-1532
Madison			539-4194	Cavalry Hill Clinic; Box 425, Huntsville, 35804-0425
			534-1651	WIC Building; Box 252, Huntsville 35804-0252
			539-3711	Triana Clinic; Box 425, Huntsville 35804-0425
Marshall			878-4044	Albertville Health Center 500 Coliseum Drive, Albertville 35950-2462
Shelby			664-2470	Box 846, Pelham 35124-0846
Sumter			392-4732	York Branch; Drawer 8, York 36925-0008
Talladega			249-3807	109 S. Anniston Ave., Sylacauga 35150-2962
			378-6190	803 Third St., S.W., Childersburg 35044-1609
Tallapoosa			329-0531	Rt. 5, Box 403, Airport Circle Alexander City 35010-9805
SATELLITE OFFICES				
Coosa	Goodwater (Open Wednesdays & Thursdays)		839-6727	Box 361, Goodwater 35072-0361
Covington	Opp (Open Tuesdays)		493-4511	108 N. Main St., Opp 36467-2006
Marion	Winfield (Open Thursdays)		487-3688	Box 158, Hamilton 35570-0158
Perry	Uniontown (Open Tuesdays & Fridays)		628-6226	Box 119, Marion 36756-0119
Randolph	Wedowee (Open Tuesday Afternoons & Wednesdays)		357-4764	527 Price St., Roanoke 36274-2196
Winston	Haleyville (Open Wednesdays & Fridays)		486-2479	Box 57, Double Springs 35553-0057

ALABAMA DEPARTMENT OF PUBLIC HEALTH
STREET ADDRESS ROSTER OF COUNTY HEALTH DEPARTMENTS
February 1, 1988

COUNTY/DISTRICT	STREET ADDRESS	CITY	ZIP CODE
PUBLIC HEALTH AREA 1	510 Cherry Street, N.E.	Decatur	35601-1970
NORTHWEST ALABAMA REGIONAL HEALTH DEPT.	1000 Jackson Highway, S.	Sheffield	35660-5761
Colbert	1000 Jackson Highway	Sheffield	35660-5761
Franklin	300 East Limestone Street	Russellville	35653-2448
Lauderdale	200 West Tennessee Street	Florence	35630-5420
TRI-COUNTY DIST. HEALTH SERVICES	510 Cherry Street, N.E.	Decatur	35601-1970
Cullman	500 Logan Avenue, S.W.	Cullman	35055-4537
Lawrence	102 Walnut Street, S.E.	Moulton	35650-1547
Limestone	310 West Elm Street	Athens	35611-1606
Morgan	510 Cherry Street, N.E.	Decatur	35601-1970
Jackson	609 South Broad Street	Scottsboro	35768-3756
Madison	304 Eustis Avenue	Huntsville	35801-3118
Marion	1501 Military Street, S.	Hamilton	35570
Marshall	275 Gunter Avenue	Guntersville	35976-1111
Winston	Highway 195 South	Double Springs	35553
PUBLIC HEALTH AREA 2	1101 Jackson Avenue	Tuscaloosa	35401-3299
WEST AL DISTRICT HEALTH DEPT.	1101 Jackson Avenue	Tuscaloosa	35401-3299
Bibb	105 Church Street	Centreville	35042-1207
Greene	412 Morrow Avenue	Eutaw	35462-1109
Lamar	Columbus Street	Vernon	35592
Pickens	Route 2, Box 202	Carrollton	35447-9599
Tuscaloosa	1101 Jackson Avenue	Tuscaloosa	35401-3299
Fayette	211 First Street, N.W.	Fayette	35555-2550
PUBLIC HEALTH AREA 3	210 Park Drive, N.W.	Leeds	35094-1846
Blount	1004 Second Avenue, East	Oneonta	35121-2508
Chilton	101 Fifth Street, North	Clanton	35045-3442
St. Clair	411 North Gadsden Highway	Ashville	35953
St. Clair	205 19th Street, North	Pell City	35125-1641
Shelby	110 Mildred Street	Columbiana	35051-9331
Walker	508 17th Street, West	Jasper	35502-0690
PUBLIC HEALTH AREA 4	309 East Eighth Street	Anniston	36201-5731
Calhoun	309 East Eighth Street	Anniston	36201-5731
Chambers	18 Alabama Avenue, East	LaFayette	36862-1745
Cherokee	833 Cedar Bluff Road	Centre	35960-1005
Clay	208 North Second E Street	Ashland	36251
Cleburne	Brockford Road	Heflin	36264-1605
Coosa	Jackson Street	Rockford	35136
DeKalb	500 Grand Avenue, South	Ft. Payne	35967-1716
Etowah	109 South 8th Street	Gadsden	35901-2454
Randolph	527 Price Street	Roanoke	36274-2196
Talladega	510 West South Street	Talladega	35160-2449
Tallapoosa	202 LaFayette Street, W.	Dadeville	36853-1327
PUBLIC HEALTH AREA 5	434 Monroe Street, Rm. 900	Montgomery	36130-1701
Autauga	153 West Fourth Street	Prattville	36067-3011
Barbour	133 North Orange Street	Eufaula	36027-1619
Bullock	103 Conecuh Avenue, W.	Union Springs	36089-1317
Butler	201 South Conecuh Street	Greenville	36037-2713
Coffee	128 North Court Avenue	Elba	36323-1727
Coffee	Brunson & Edwards	Enterprise	36330-2554
Covington	300 West Watson	Andalusia	36420-4533
Crenshaw	206 Fourth Street, E.	Luverne	36049-1560
Dale	200 Katherine Avenue	Ozark	36360
Elmore	Highway 231 North	Weturnpka	36092
Geneva	606 South Academy Street	Geneva	36340-2527
Henry	505 Kirkland Street	Abbeville	36310-2736
Houston	2101 Cottonwood Road, East	Dothan	36301-5309
Lee	1930 Pepperell Parkway	Opelika	36802-1301
Lowndes	Highway 21, Tuskeena Street	Hayneville	36040-0035

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ADPH-P-OMS-2/2-88

COUNTY/DISTRICT	STREET ADDRESS	CITY	ZIP CODE
Macon	608 North Dibble Street	Tuskegee	36083-1509
Montgomery	515 West Jeff Davis Avenue	Montgomery	36104-4807
Pike	306 South Three Notch Street	Troy	36081-1910
Russell	1320 Broad Street	Phenix City	36868-0548
PUBLIC HEALTH AREA 6	434 Monroe Street, Rm. 307	Montgomery	36130-1701
GULF COAST DISTRICT HEALTH DEPT.	257 Hand Avenue	Bay Minette	36507-4823
Baldwin	257 Hand Avenue	Bay Minette	36507-4823
Conecuh	526 Bellville Street	Evergreen	36401-3095
Escambia	204 Sowell Street	Brewton	36426-2004
Choctaw	315 East Pushmataha Street	Butler	36904-2533
Clarke	140 Clark Street	Grove Hill	36451
Dallas	108 Church Street	Selma	36702-0330
Hale	1102 North Centerville Street	Greensboro	36744-1303
Marengo	209 North Main Street	Linden	36748-1541
Monroe	301 West Claiborne	Monroeville	36460-1720
Perry	206 Pickens Street	Marion	36756-1818
Sumter	318 Washington Street	Livingston	35470
Washington	Court & Granade Avenue	Chatom	36518
Wilcox	107 Union Street	Camden	36726-1728
PUBLIC HEALTH AREA 7	251 North Bayou Street	Mobile	36603-5827
Mobile	251 North Bayou Street	Mobile	36603-5827
PUBLIC HEALTH AREA 8	1400 Sixth Avenue, South	Birmingham	35233-1598
Jefferson	1400 Sixth Avenue, South	Birmingham	35233-1598

BRANCH OFFICES

COUNTY	STREET ADDRESS	CITY	ZIP CODE
Baldwin	321 East Laurel Avenue	Foley	36535-2680
	328 De La Mare Avenue	Fairhope	36532-2311
Barbour	North Midway Street	Clayton	36016
Chambers	3205 22nd Avenue	Valley	36854-3020
Escambia	Highway 31, North	Atmore	36502-9108
Henry	2 Cable Street	Headland	36345-2136
Jefferson			
Bessemer Health Center	2201 Arlington Avenue	Bessemer	35020-4299
Eastern Health Center	5720 1st Avenue, South	Birmingham	35212-2599
Leeds Health Center	210 Park Drive	Leeds	35094-1846
Morris Health Center	Morris Majestic Road	Morris	35116
Northern Health Center	2817 North 30th Avenue	Birmingham	35207-4599
Western Health Center	1700 Avenue E, Ensley	Birmingham	35218-1543
Western Mental Health Center	1701 Avenue D, Ensley	Birmingham	35218-1532
Madison			
Cavalry Hill Clinic	2900 Fairbanks Street, N.W.	Huntsville	35816-2436
WIC Building	605 Davis Circle, S.W.	Huntsville	35801-5015
Triana Clinic	Route 3	Huntsville	35758
Marshall			
Albertville Health Center	500 Coliseum Drive	Albertville	35950-2462
Shelby	3160 Highway 31	Pelham	35124-2022
Sumter			
York Branch	406 Broad Street, N.	York	36925-2017
Talladega	109 South Anniston Avenue	Sylacauga	35150-2962
	803 Third Street, S.W.	Childersburg	35044-1609
Tallapoosa	Route 5, Box 403 (Airport Circle)	Alexander City	35010-9605

SATELLITE OFFICES

Coosa	Main Street, Hwy 9	Goodwater	35072
Goodwater Office (Open Wed. & Thurs.)			
Covington			
Opp Office (Open Tuesdays)	108 N. Main Street	Opp	36467-2006
Marion			
Winfield Office (Open Thursdays)	7th Street, E.	Winfield	35594
Perry			
Uniontown Office (Open Tues. & Fri.)	Thomaston Road	Uniontown	36786
Randolph			
Wedowee Office (Open Tues. Aft. & Wed)	527 Price Street	Roanoke	36274-2196
Winston			
Haleyville Office (Open Wed. & Fri.)	2600 Newburg Road	Haleyville	35565-1835

PLEASE NOTIFY THE OFFICE OF MANAGEMENT SERVICES OF CHANGES OR ERRORS
434 MONROE STREET ROOM 307, MONTGOMERY, ALABAMA 36130-1701, TELEPHONE 261-5081

Public Health Areas

Alabama is divided into eight public health areas to facilitate coordination, supervision, and development of public health services. Area offices are responsible for developing local management programs of public health services and programs particularly suited to the needs of each area.

PHA 1
Betty W. Vaughan, M.D.
Assistant State Health Officer
Box 1628
Decatur 35602
Phone 353-7021

PHA 2
E. Kenneth Aycock, M.D.
Assistant State Health Officer
1101 Jackson Ave.
Tuscaloosa 35401
Phone 345-4131

PHA 3
Melinda G. Rowe, M.D.
Assistant State Health Officer
Box 1190
Leeds 35094-1190
Phone 699-3554

PHA 4
Robert J. Henderson, M.D.
Assistant State Health Officer
Box 488
Anniston 36202
Phone 236-3274

PHA 5
Joyce Gendzwill, M.D.
Assistant State Health Officer
State Office Building, Room 900
Montgomery 36130-1701
Phone 261-5133

PHA 6
Tom N. Phillips, M.P.A.
Area Health Administrator
State Office Building, Room 307
Montgomery 36130-1701
Phone 261-5081

PHA 7
Alfred R. Stumpe, M.D.
Assistant State Health Officer
Box 2867
Mobile, AL 36652
Phone 690-8158
ATTNet 660-6179

PHA 8
Carole W. Samuelson, M.D.
Assistant State Health Officer
Box 2646
Birmingham, AL 35202
Phone 933-9110

Revised 11-87

Prepared by
ALABAMA DEPARTMENT OF PUBLIC HEALTH
ADPH-P-A-15/Rev. 3-88

434 Monroe Street
Montgomery, Alabama 36130-1701
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